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**THE HEALTH  
OF  
WALSALL  
1960**





WALSALL  
COUNTY BOROUGH  
HEALTH REPORT  
**1960**

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THOMAS ROSS, M.B., Ch.B., D.P.H.,

Medical Officer of Health and  
Principal School Medical Officer



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[illegible]

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# COUNTY BOROUGH OF WALSALL

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## HEALTH COMMITTEE

From May, 1960, to May, 1961

CHAIRMAN:

Alderman E. A. Brockhurst, J.P.

VICE-CHAIRMAN:

Councillor D. M. Middleton

Alderman R. Davies	Councillor N. Daniel
Alderman B. E. Hemmings	Councillor H. S. Gwinnutt
Alderman M. J. Kavanagh, M.C.	Councillor L. B. Parkes
Alderman A. McShane	Councillor A. M. M. Taylor
Councillor R. H.M. Baines	Councillor E. M. Thomas

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## EDUCATION COMMITTEE

CHAIRMAN:

Councillor F. F. Harrison

VICE-CHAIRMAN:

Councillor M. C. Jarvis, J.P. (Died 18.2.61)

Councillor E. M. Flint (From 7.3.61)

Alderman E. A. Brockhurst, J.P.	Councillor S. Wright
Alderman A. McShane	Mrs. V. G. Parkes
Alderman T. P. Riley, J.P.	Mrs. M. Talbot
Councillor J. R. R. Benton	Rev. R. Highcock
Councillor W. Clarke	Very Rev. Canon J. W.
Councillor J. Gavin	Dunne, M.A.
Councillor D. M. Middleton	Rev. V. S. Nicholls
Councillor P. H. Musgrove	Mr. R. S. Hawkins
Councillor A. M. M. Taylor	Mr. A. W. Lester
Councillor A. V. Townsend	Mr. L. J. Brockhurst

**STAFF**

(at 31st December, 1960)

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER ... ..	Thomas Ross, M.B., Ch.B., D.P.H.
DEPUTY MEDICAL OFFICER OF HEALTH ... ..	G. P. A. Evans, M.B., Ch.B., D.P.H.
SENIOR MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE	I. M. Brown, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
ASSISTANT MEDICAL OFFICERS OF HEALTH ... ..	S. J. Toogood, M.B., B.S. W. I. McNeilly, M.B., Ch.B. M. C. Grant, L.R.C.P., L.R.C.S., D.R.C.O.G., D.P.H.
PRINCIPAL SCHOOL DENTAL OFFICER	R. E. Morgan, L.D.S.
SCHOOL DENTAL OFFICER ... ..	Mrs. I. M. Millar, L.D.S.
CHIEF PUBLIC HEALTH INSPECTOR	C. A. Stansbury.
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR ... ..	Post Vacant.
Staff ... ..	10 Public Health Inspectors. 2 Pupil Public Health Inspectors. 7 Clerks.
PUBLIC ANALYST ... ..	C. N. Grange, B.Sc., F.R.I.C.
DEPUTY PUBLIC ANALYST ... ..	R. K. Chalmers, B.Sc., F.R.I.C.
SUPERINTENDENT HEALTH VISITOR	Miss G. Johnson.
Staff ... ..	9 Health Visitors. 1 Acting Health Visitor. 1 Pupil Health Visitor. 1 Tuberculosis Visitor (Part-time). 3 Clinic Nurses (Part-time). 3 School Nurses.
SUPERVISOR OF MIDWIVES ... ..	Mrs. M. E. Smith.
Staff ... ..	15 Municipal Midwives.
LADY SUPT.—HOME NURSING ... ..	Miss R. E. Bennion.
Staff ... ..	11 District Nurses—Full-time. 3 District Nurses—Part-time.
ADMINISTRATIVE ASSISTANT ... ..	H. D. Parsons.
Staff ... ..	11 Clerks (9 Full-time, 2 Part-time). 4 Sales Clerks—Part-time.
CHIROPODIST (PART-TIME) ... ..	Mrs. E. M. McKerlie.
SENIOR MENTAL WELFARE OFFICERS	F. H. Parker. Miss F. Grant.
SUPERVISOR OCCUPATION CENTRE	Miss E. Ratford.
SOCIAL CASE WORKER ... ..	Mrs. J. M. Thompson.
MATRON—DAY NURSERY ... ..	Mrs. C. Morton.
AMBULANCE SUPERVISOR ... ..	H. J. Addison.
HOME HELP ORGANISER ... ..	Mrs. E. Hall.



COUNTY BOROUGH OF WALSALL

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ANNUAL REPORT

OF THE

Medical Officer of Health

---

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY  
BOROUGH OF WALSALL.

Mr. Mayor, Ladies and Gentlemen,

I present herewith my Annual Report on the health of the County Borough of Walsall during the year 1960.

A full complement of medical staff existed from early in the year, but a further decline in qualified health visitors occurred, whilst midwifery staff was still depleted, partly on account of failure to recruit up to establishment, but also on account of prolonged absences due to sickness and maternity leave. The work of the department must go on, with consequently increased loads on effective staff and this has only proved possible by increasing use of officers' cars, the cost of which must be set against the saving of salaries.

Bearing in mind the relatively unfavourable position noted last year, it is with pleasure that attention is drawn to the substantial improvement in the infant death rate, stillbirth rate, maternal mortality and tuberculosis death rate. These rates, representing the lowest levels ever recorded in Walsall, are strictly comparable with the rates for England and Wales. We shall strive to improve upon this position as far as the factors under our control are concerned, but in the light of experience we should be prepared for fluctuations, due to the relatively small numbers involved.

The Mental Health Act 1959 became operative later in the year and, although its implementation will make heavy demands on the health department in the provision of further field services and institutions for the care of the mentally disordered, there is little change to note for 1960. Planning in this sector is difficult due to the lack of reliable estimates of the numbers of persons likely to be discharged from mental hospitals to the community.

Co-ordination with other divisions of the health services continues to improve, generally most effectively where reciprocal services can be rendered. Family case work is paying large dividends in maintaining families in being, but the benefits largely accrue to other services and do not show in our balance sheet, but the work is widely appreciated throughout the town.

In conclusion I wish to place on record my appreciation of the support given by the Chairman and members of the Health Committee and to thank the staff of the department for their efforts during the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ROSS,

Medical Officer of Health.

Health Department,  
Council House,  
Walsall:  
Telephone No. 21244.

## SUMMARY OF STATISTICS, 1960

Area in Acres	...	...	...	...	...	8,777
Number of Structurally Separate Dwellings (At Census 1951)	...	...	...	...	...	31,380
Population 1960 (estimated)	...	...	...	...	...	115,390
Rateable Value (1/4/60)	...	...	...	...	...	£1,360,352
Sum represented by a Penny Rate (1960/61)	...	...	...	...	...	£5,525
Live Births:—						
Number (M. 1,167, F. 1,096)	...	...	...	...	...	2,263
Rate per 1,000 population	...	...	...	...	...	19.61
do. (standardised)	...	...	...	...	...	18.63
Illegitimate Live Births per cent of total live births	...	...	...	...	...	5.26
Stillbirths:—						
Number (M., 29 F., 21)	...	...	...	...	...	50
Rate per 1,000 total live and still births	...	...	...	...	...	21.62
Total Live and Still Births (M. 1,196 F. 1,117)	...	...	...	...	...	2,313
Infant Deaths (deaths under 1 year) (M., 24 F., 25)	...	...	...	...	...	49
Infant Mortality Rates:—						
Total infant deaths per 1,000 total live births	...	...	...	...	...	21.65
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	21.45
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	25.21
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	...	14.14
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	13.70
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	...	...	...	...	...	35.02
Maternal Mortality (including abortion):—						
Number of deaths	...	...	...	...	...	—
Rate per 1,000 total live and still births	...	...	...	...	...	—
Deaths:—						
Number (M., 642 F., 569)	...	...	...	...	...	1,211
Rate per 1,000 population	...	...	...	...	...	10.49
do. (standardised)	...	...	...	...	...	12.80



## SECTION A. VITAL STATISTICS

### Population

The upward trend of the population of Walsall over the last five years is shown below:—

1956	...	...	114,700
1957	...	...	114,800
1958	...	...	115,000
1959	...	...	115,100
1960	...	...	115,390

It is interesting to note that the preliminary report on the Census, 1961, shows Walsall to have a population of 117,836.

### Live and Still-births

The number of live births in the Borough during 1960 increased by 361 as compared with 1959, resulting in a rate increase of 3.09 per thousand population. The birth rate of 19.61 per thousand population compares with 17.1 for England and Wales. 50 still-births occurred to Walsall women, giving a rate per thousand live and still-births of 21.62.

### Deaths

There were 1,211 deaths of Walsall residents during 1960, giving a death rate of 10.49 per thousand population, as compared with 11.15 in 1959. Following the normal pattern, heart disease was the principal cause of death, about one third of the total deaths being due to this cause. 224 persons died from cancer during the year.

### Infant Deaths

Sixteen fewer children under one year of age died during 1960 as compared with 1959, giving a rate of 21.65 per thousand live births, as compared with 34.17. The corresponding rate for England and Wales was 21.7.

It is most encouraging to be able to report such a low infant death rate, in fact the lowest the Borough has ever recorded, as illustrated by the following table showing the numbers of infant deaths and rates per thousand live births over the last twenty years:—

		Number of Infant		Rate per thousand	
		deaths		live births	
1940	...	121	...	61.48	
1941	...	96	...	51.42	
1942	...	105	...	52.32	
1943	...	125	...	58.30	
1944	...	131	...	60.17	
1945	...	116	...	57.28	
1946	...	105	...	43.48	
1947	...	127	...	50.14	
1948	...	99	...	42.76	
1949	...	123	...	55.63	
1950	...	59	...	28.64	



1951	...	75	...	37.18
1952	...	75	...	36.50
1953	...	84	...	40.82
1954	...	60	...	30.77
1955	...	65	...	34.14
1956	...	54	...	27.04
1957	...	53	...	26.57
1958	...	58	...	27.31
1959	...	65	...	34.17
1960	...	49	...	21.65

It will be noted that the infant death rate is subject to fluctuation and although all concerned should be congratulated on the dramatic decrease in the number of deaths of children under one year of age, we should not be complacent. Every effort should be made to maintain and even improve upon this happy state of affairs.

### Maternal Deaths

There were no deaths associated with pregnancy during the year. The rate for England and Wales was 0.39 per 1,000 live and still births.

### Coroner's Inquests

The number of deaths reported to the Coroner during the year was 252 (162 males and 90 females).

Deaths investigated by the Coroner but no inquest held	...	131
POST-MORTEM EXAMINATIONS ordered by Coroner	... ..	237

#### VERDICTS RETURNED AT INQUESTS:—

						M.	F.
Death by Murder	...	...	...	...		1	—
Death by Suicide	...	...	...	...		8	3
Death by Manslaughter	...	...	...	...		—	—
Death by Self-induced Abortion	...	...	...	...		—	—
Death by Neglect	...	...	...	...		—	—
Death by want of Attention at Birth	...	...	...	...		—	—
Death by Want, Exposure, etc.	...	...	...	...		—	—
Death by Accident or Misadventure	...	...	...	...		36	27
Death from Natural Causes	...	...	...	...		16	1
Death from Industrial diseases	...	...	...	...		14	—
Stillborn	...	...	...	...	...	—	—
Open Verdicts	...	...	...	...	...	4	1
						<hr/> *79	<hr/> 32

10 inquests adjourned and not resumed.

6 deaths reported during the year will be dealt with in 1961 verdicts.

\* Includes verdicts on 6 deaths reported in 1959.

# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN WALSALL COUNTY BOROUGH 1960

As furnished by the Registrar-General

CAUSES OF DEATH		Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES		M. F.	642 569	24 25	5 —	7 4	11 4	22 28	205 111	164 129	204 268
1.	Tuberculosis—Respiratory	M. F.	5 1	— —	— —	— —	— —	— 1	3 —	2 —	— —
2.	Tuberculosis—Other	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
3.	Syphilitic Disease	M. F.	— 1	— —	— —	— —	— —	1 —	— —	— —	— —
4.	Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
5.	Whooping Cough	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
6.	Meningococcal Infections	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
7.	Acute Poliomyelitis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
8.	Measles	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —
9.	Other Infective and Parasitic Diseases	M. F.	4 —	— —	2 —	— —	1 —	1 —	— —	— —	— —
10.	Malignant Neoplasm—Stomach	M. F.	27 13	— —	— —	— —	— —	— —	11 5	9 6	6 2
11.	" " Lung, Bronchus	M. F.	49 5	— —	— —	— —	— —	3 —	30 5	10 —	6 —
12.	" " Breast	M. F.	— 20	— —	— —	— —	— —	3 1	— 10	— 6	— 4
13.	" " Uterus	F.	9	—	—	—	—	1	6	—	2
14.	Other Malignant and Lymphatic Neoplasms	M. F.	49 52	— —	— —	2 —	— —	— 4	16 20	21 15	12 11
15.	Leukaemia, Aleukaemia	M. F.	2 2	— —	— —	— —	— —	— 2	— 1	— —	— —

No.	Disease	M.	F.	Total
16.	Diabetes .. .. .	..	..	..
17.	Vascular Lesions of Nervous System ..	..	..	..
18.	Coronary Disease, Angina ..	..	..	..
19.	Hypertension with Heart Disease ..	..	..	..
20.	Other Heart Disease .. ..	..	..	..
21.	Other Circulatory Disease ..	..	..	..
22.	Influenza .. .. .	..	..	..
23.	Pneumonia .. .. .	..	..	..
24.	Bronchitis .. .. .	..	..	..
25.	Other Diseases of Respiratory System ..	..	..	..
26.	Ulcer of Stomach and Duodenum ..	..	..	..
27.	Gastritis, Enteritis and Diarrhoea ..	..	..	..
28.	Nephritis and Nephrosis .. ..	..	..	..
29.	Hyperplasia of Prostate .. ..	..	..	..
30.	Pregnancy, Childbirth, Abortion ..	..	..	..
31.	Congenital Malformations .. ..	..	..	..
32.	Other defined and ill-defined Diseases ..	..	..	..
33.	Motor Vehicle Accidents .. ..	..	..	..
34.	All Other Accidents .. ..	..	..	..
35.	Suicide .. .. .	..	..	..
36.	Homicide and Operations of War ..	..	..	..

# INFANT MORTALITY DURING THE YEAR 1960 Deaths from stated Causes at various ages under One year of age

CAUSES OF DEATH	Total Deaths under 1 year	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1 & under 3 months	3 & under 6 months	6 & under 9 months	9 & under 12 months	Bloxwich East	Bloxwich West	Leamore	Blakenall	Birchills	Hatherton	Paddock	Bridge	Pleck	Caldmore	Palfrey
Measles .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Premature Birth ..	14	13	—	—	—	13	—	1	—	—	3	2	—	5	2	—	—	1	—	—	1
Congenital Malformations	12	5	1	—	—	6	1	3	1	1	1	1	3	—	—	1	2	1	2	—	1
Infant Diseases ..	11	11	—	—	—	11	—	—	—	—	2	—	1	2	—	1	1	2	1	—	1
Influenza ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ..	5	—	—	—	—	—	1	3	1	—	—	2	—	1	—	1	—	1	—	—	—
Bronchitis ..	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—	1
Accidents ..	2	—	—	—	—	—	—	1	—	1	—	—	—	1	1	—	—	—	—	—	—
Other Causes ..	3	3	—	—	—	3	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—
Totals ..	49	32	1	—	—	33	3	9	2	2	6	5	5	10	3	4	4	5	3	—	4

Nett Births in the Year — Legitimate, 2144 ; Illegitimate, 119.  
 Nett Deaths in the Year of Legitimate Infants, 46 ; Illegitimate Infants, 3.



## SECTION B.

### INFECTIOUS DISEASES

#### Diphtheria

No cases of Diphtheria were notified during the year.

#### Scarlet Fever

161 cases of Scarlet Fever were notified during the year, as compared with 117 in the previous year. There were no deaths.

#### Measles

49 cases of Measles were notified during the year, a decrease as compared with last year's figure of 1,432.

#### Whooping Cough

229 cases of Whooping Cough were notified as compared with 526. There were no deaths.

#### Acute Poliomyelitis

One case of Poliomyelitis (Paralytic) was notified during the year.

#### Acute Primary and Influenzal Pneumonia

87 cases were notified as compared with 269. There were 76 deaths from this cause during the year, an increase of 6 as compared with 1959. Influenza accounted for 5 deaths as compared with 42 in the previous year.

#### Dysentery

41 cases of Dysentery were notified as compared with 71 during 1959.

#### Food Poisoning

16 cases of Food Poisoning were notified during the year.

#### Ophthalmia Neonatorum

There were 7 cases of Ophthalmia Neonatorum notified during the year. After treatment the vision was unimpaired and the infants made a good recovery.

#### Other Diseases

13 cases of Erysipelas, 10 of Puerperal Pyrexia, 1 of Encephalitis and 1 case of Meningococcal Infection were notified during the year.

#### Tuberculosis

The following report has been supplied by Dr. J. N. Macartney, a Chest Physician of the Birmingham Regional Hospital Board, who is in charge of the Walsall Chest Clinic which deals with cases of tuberculosis. Dr. Macartney is also responsible to the Walsall Council in all matters relating to environmental conditions of tuberculosis cases in the borough. The report deals with this aspect of his work only.

“Death rates per 1,000 population with comparative figures for England and Wales: —

WALSALL—		1959	1960
Respiratory tuberculosis	... ..	0.113	0.052
Other forms of tuberculosis	...	Nil	Nil
ENGLAND AND WALES—			
Respiratory tuberculosis	... ..	0.077	0.068
Other forms of tuberculosis	...	0.008	0.007

The 1960 Death Rate for Tuberculosis in Walsall achieved the lowest rate ever recorded for the Borough and for the first time was well below the national figure for England and Wales. This progress is particularly encouraging for an industrial area such as Walsall which, a decade ago, had the worst figures for the Midlands.

The Tuberculosis deaths in Walsall in 1960 affected 5 males and 1 female, a total of 6, and once again, no children died from this disease.

The number of fresh cases diagnosed during the year remains at 73 and indicates the need for vigilance.

A total of 186 persons, mainly children, were vaccinated against tuberculosis, under the contact scheme.

The scene, so far as other chest complaints is concerned, is sombre and one must await the elimination of atmospheric pollution before any real improvement appears. Progress in this respect is painfully slow and likely to remain so until private and industrial consumers of coal realise that pollution of the atmosphere must cease, as the price to health is far too high. It can be stated categorically that no single measure would benefit the public more than the provision of clean air in Walsall.

Although lung cancer is largely associated with air pollution and cigarette smoking, the public are perfectly willing to accept a high incidence of lung cancer and appear unable to give up or modify their smoking habits. This apathy extends throughout the whole country and can only be sadly recorded, if not understood. A positive policy of education pointing out more forcefully the dangers of smoking is urgently required.”

### **Venereal Diseases**

The Venereal Diseases Clinic is situated at Manor Hospital, Walsall, the Hospital Management Committee being responsible for the work carried out at the Clinic.

We are, however, still concerned with the incidence of Venereal Disease in the town and continue to work in close co-operation with the Venereologist.

The table on page 14 shows the work of the Venereal Diseases Clinic during the year.

### **Scabies Treatment**

The Scabies Clinic at Hatherton Road is still maintained and during the year the number of cases attending increased as compared with the previous year.

During the year 6 men, 12 women and 59 children received treatment, these cases making a total of 139 attendances for this purpose.

### **Cleansing of Persons**

Cleansing of unclean persons was carried out at the Cleansing Station at the Ambulance Station in Hatherton Road and during the year 21 persons were treated.



# CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1960

NOTIFIABLE DISEASE	CASES NOTIFIED IN WHOLE DISTRICT												TOTAL CASES NOTIFIED IN EACH WARD										
	At All Ages	At Ages—Years											Bloxwich East	Bloxwich West	Learnmore	Blakenall	Birchills	Hatherton	Paddock	Bridge	Pleck	Caldmore	Palfrey
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 65											
Small-Pox..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas..	13	1	—	—	—	—	—	—	2	8	2	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	161	3	2	3	20	7	94	27	4	1	—	—	—	—	—	—	—	—	—	—	—	—	6
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	49	8	1	3	4	—	29	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Whooping Cough..	229	28	28	45	35	22	67	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	6
Puerperal Pyrexia	10	—	—	—	—	—	—	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—





### TABLE SHOWING THE WORK OF THE VENEREAL DISEASES CLINIC DURING THE YEAR 1960

	Syphilis	Gonorrhoea	Conditions other than Venereal	Totals	Totals
	M.	F.	M.	F.	
Number of cases on Register 1st January, 1960 ..	43	31	24	7	109
Number of old cases returned for treatment or observation of same infection .. .. .	—	5	—	—	—
Number of new cases dealt with for the first time ..	6	9	46	11	213
Number of new cases transferred from other centres ..	—	—	—	—	—
Total cases dealt with .. .. .	49	45	70	18	322
Attendances—Medical examinations .. .. .	354	211	422	50	873
Irrigation, dressings .. .. .	131	99	42	5	365
Total attendances .. .. .	485	310	464	55	1238
Number of new cases attending during 1960					
Walsall .. .. .	14	48	48	282	282
Other areas .. .. .	1	9	9	227	227
Pathological Work —					
Specimens examined at Walsall Treatment Centre ... .. .	137	2150	658	808	808
Specimens examined at a Pathological Centre .. .. .	—	—	—	—	—

**SECTION C.****NATIONAL HEALTH SERVICE ACT, 1946.****CARE OF MOTHERS AND YOUNG CHILDREN**

Dr. I. M. Brown, Senior Medical Officer of Health for Maternity and Child Welfare reports as follows upon the work in her section:—

“I am pleased to report that our Maternity and Child Welfare Services have functioned efficiently throughout the year, despite staffing deficiencies.

The infant mortality rate of 21.56 per thousand live births is a great improvement on last year's figure of 34.17, which, together with the absence of maternal deaths, is a most encouraging reward to those concerned with the care of expectant and nursing mothers and their babies. It is also gratifying to note a decrease in the number of still-births, 50 during 1960 as compared with 60 in 1959. An investigation into 49 still-births shows that 63% occurred during the prenatal period, 29% during labour and in the remaining 8% the cause was not known. Only 20% of the investigated still-births occurred on the district.

54% of the births in the borough to Walsall women were delivered by district midwives employed by the local authority, representing a total of 1,148 domiciliary births. In addition the nursing of 571 mothers discharged from maternity hospitals was carried out.

Relaxation and mothercraft classes at which instruction is given by nurses and midwives are progressing satisfactorily. These classes, together with the advice given at ante-natal and infant welfare clinics, provide invaluable information to expectant and nursing mothers. It must also be mentioned that an essential factor to ensure the well-being of the expectant mother is good co-operation between hospital, general practitioners and the local health authority, which continues to be forthcoming in Walsall.

The dental service for expectant and nursing mothers and children under five years of age is also much appreciated, and the number of women and children accepting treatment shows a tendency to increase.

Vaccination against smallpox and immunisation against whooping cough, diphtheria and poliomyelitis is available at all child welfare centres.”



### Ante and Post-Natal Clinics

The following table shows the attendances at the authority's Ante-Natal and Post Natal Clinics during the year:—

	Pool Street A. M.		Field Road A. M.		Coun- tess Street A. M.		Ida Road A. M.		Little- ton Street A. M.		Beech- dale A. M.		Dudleys Fields A. M.		Total A. M.	
Ante-natal Cases ...	443	417	1258	757	896	720	344	263	843	667	493	357	235	179	4512	3360
Ante-natal New Cases	156		503		311		109		260		116		65		1520	
Post-natal Cases ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Post-natal New Cases	1		—		—		—		—		—		—		1	

A.—Attendances.

M.—Medical Examinations

### Child Welfare Centres

There are seven Child Welfare Centres in Walsall at which twelve sessions are held weekly attended by a doctor and health visitors. There are no special consultant clinics, children requiring specialist opinion being referred to one of the general hospitals in the town. No arrangements have been made for joint clinics with general practitioners in their own premises. Whilst attendances are not as satisfactory as we would like, nevertheless they must be considered reasonably good taking into account the services provided by general practitioners under the health service.

Coalpool Clinic is well on the way towards completion and will be followed by a new centre to serve the Mossley area. The Health Committee has, at the time of writing, reviewed clinic facilities in the town and it is hoped that by the end of 1963 the north of the town will have complete clinic coverage on the erection of a further centre to serve the Little Bloxwich area. It is also under consideration to replace Littleton Street Clinic by a central clinic and it has already been agreed to replace the inadequate Field Road Clinic by providing facilities on the ground floor of a new block of flats in the area.

At the beginning of 1961 clinic facilities were provided to Orchard Hills residents in rented premises in a new church hall.

The following table shows attendances in age groups at Child Welfare Centres during the year:—

CENTRE	Under 6 months		6—12 months		1—2 years		2—5 years		Total		New Cases
	A.	M.	A.	M.	A.	M.	A.	M.	A.	M.	
Pool St.	2090	652	1043	357	504	120	263	91	3900	1220	247
F'ld Rd.	2412	640	1199	264	679	94	639	86	4929	1084	342
L'ton St.	1444	679	682	326	279	117	241	77	2646	1199	217
C'tess St.	2649	811	1343	372	702	123	553	100	5247	1406	350
Ida Rd.	1414	513	726	246	376	74	398	48	2914	881	162
Beechdale	1140	421	732	223	405	77	360	60	2637	781	156
D'dley's Fields'	1217	467	534	203	238	68	271	94	2260	832	148
Totals	12366	4183	6259	1991	3183	673	2725	556	24533	7403	1622

A.—Attendances.

M.—Medical Examinations

### Provision of Foods

Various types of proprietary baby foods, National Dried Milk, orange juice and cod liver oil are available at all child welfare sessions and five part-time women are employed on the work of distribution. The following table shows the types and amounts of foods sold during the year:—

29,373 tins	Full Cream National Dried Milk.
51 tins	Half Cream National Dried Milk.
7,709 bottles	Cod Liver Oil.
6,804 pkts.	Vitamin Tablets.
57,937 bottles	Orange Juice.
4,212 lb.	Cow and Gate Dried Milk.
13,771 lb.	Ostermilk.
1,186 lb.	Trufood.
831 tins	S.M.A.
12 tins	Carnation Milk.
1,514 tubs	Virol.
5,401 tins	Ovaltine.
150 lb.	Malt and Oil.
1,369 pkts.	Farex.
862 pkts.	Scotts Cereal Infant Food.
304 pkts.	Groats.
385 pkts.	Robrex.
798 bottles	Rose Hip Syrup.
60 pkts.	Farleys Infant Food.

### **Dental Treatment**

The Council's proposals under Section 22 of the National Health Service Act provide for every expectant mother to be examined by a dental practitioner following her first attendance at an ante-natal clinic, for the periodic examination of children under the age of five years and for the necessary treatment to be provided where required, particular attention being paid to conservative treatment.

During the year 53 dental sessions were devoted to maternity and child welfare patients. 77 expectant and nursing mothers were examined and 73 were found to require treatment. 34 of these patients attended the Dental Clinic and at the end of the year 26 cases had completed their course of attendances. 13 complete dentures and 3 partial dentures were provided. 170 children under the age of 5 years were examined and 61 were found to need treatment, 58 of whom were treated and made dentally fit.

### **Maternity Outfits**

Maternity outfits were distributed to all expectant mothers confined at home, through municipal midwives, and during the year 1,320 outfits were issued.

### **Unmarried Mothers and Children**

The Walsall County Borough is a constituent authority of the Staffordshire County Council Scheme for the care of illegitimate children and their mothers.

43 cases in which illegitimate births occurred in 1960 have been dealt with by Sister Ellis and these are reported on below. In addition, 8 cases in which births occurred prior to 1960 were helped according to their various needs including placing babies for adoption, advice as to Affiliation proceedings, finding accommodation, etc. 29 expectant mothers whose babies were due to be born in 1961 had the necessary plans made for their confinements. This makes a total of 80 cases under care during 1960.

17 mothers were accommodated in Diocesan Homes, remaining until their babies were aged two months. 19 went into hospital for confinement and 7 had their babies at home.

4 of the cases concerned married women, 2 of whom were legally separated, 1 divorced and 1 reconciled with her husband after the adoption of her baby.

In spite of efforts made to trace and interview putative fathers only 2 Affiliation Orders were made. 2 girls were married to the fathers of their babies.

The ages of the mothers ranged between 15 and 36 and are listed as follows:—

Age 15—1, Age 16—2, Age 17—3, Age 18—6, Age 19—2, Age 20—5, Age 21—4, Age 22/27—13, Age 28/34—5, Age 35 and over—2.

The ages of the putative fathers ranged between 17 and 45.



The babies were placed as follows: —

- 25 with mothers at home.
- 2 with parents married.
- 2 with foster parents.
- 2 in Voluntary Children's Homes.
- 10 were adopted through the Association.
- 2 Stillborn.

In all cases we are satisfied that the children are receiving adequate care and attention.

450 visits have been paid in connection with 80 cases under care. In addition, the homes of prospective adopters have been vetted and reported on, babies visited after placings have been made, girls conveyed to Homes and accompanied when they have had to appear in Court or to have their signatures witnessed when consenting to an Adoption Order being made.

### Day Nurseries

The Central Day Nursery opened early in the year is situated on the ground floor of a large house previously a district nurses home. This Day Nursery, the only one operated by the Local Authority, satisfies the needs of the town.

The following table shows the average attendances at the nursery: —

No. on Register at 31.12.60	Total No. of attendances	Average daily attendance
22      ...	2,890      ...	14.6

### Premature Infants

Notifications were received in respect of 176 infants whose birth weight was 5½lb. or under, an increase of 6 over the previous year. In some cases the notifications applied to infants who, although the birth weight was 5½lb. or less, were really full-term, but these infants were given the same care as those prematurely born.

Of the 176 infants notified, 78 were born at home and 98 in hospital. Three of the infants born at home were transferred to hospital. One of the 75 infants nursed entirely at home died in the first 24 hours and 73 survived at the twenty-eighth day. None of the three infants who were born at home and transferred to hospital died in the first 24 hours, but only one survived at the twenty-eighth day.

Four of the 98 infants born in hospital died in the first 24 hours and 89 survived at the end of 28 days.

There were 26 notifications of premature still-births, 23 of these being born in hospital and three at home.

The hospital provision for the care of premature infants is adequate and premature infants are transferred to hospital whenever necessary. To those premature infants remaining at home, special nursing care is given by midwives and by the health visitors.

## **MIDWIFERY SERVICE**

### **Staff**

The midwifery staff consists of 1 Supervisor and 15 Midwives and the service is under the medical supervision of the Senior Medical Officer for Maternity and Child Welfare.

### **Work of the Municipal Midwives**

During the year municipal midwives attended 1,148 births, representing 54 per cent. of the total births to Walsall women occurring in the borough. 653 births took place in Manor Hospital, 315 in Bloxwich Maternity Hospital and 2 by private midwives. 163 births occurred outside the borough. 6,671 ante-natal visits and all necessary visits to 571 mothers discharged from maternity units before the fourteenth day after confinement were made by municipal midwives during 1960.

All midwives are qualified to administer analgesics, and during the year six gas and air outfits were in use on 560 occasions. Pethedine was administered to 621 patients and four sets of Trilene analgesic apparatus were used on 236 occasions.

### **Emergency Maternity Service**

Arrangements are in force for the services of an emergency team of doctors and nurses from Manor Hospital with the necessary equipment, to attend complicated cases of labour on the district when required.

### **Pupil Midwives Training Scheme**

In co-operation with the Manor Hospital 21 pupils undertook district training in the department during 1960. Due to the increase in the number of pupils referred for district training it was necessary to obtain approval for additional teaching district midwives.

### **Refresher Courses**

No Midwives attended approved refresher courses during the year.



## Domiciliary Midwifery Service—1960

(including Nursing Homes)

	Domiciliary Midwives	Midwives in Nursing Homes	Totals
No. of Midwives practising in the Borough at the end of 1960 (excluding Hospitals)—			
(a) Employed by the Council	1 Supervisor 15	—	16
(b) In private practice ...	—	—	—
	16	—	16
	Domiciliary Cases	Cases in Nursing Homes	Totals
No. of cases in the Borough attended by Midwives—			
(a) Employed by the Council—			
(i) Doctor present ...	49	—	49
(ii) Doctor not present ...	1101	—	1101
(b) In private practice—			
(i) Doctor present ...	—	—	—
(ii) Doctor not present ...	2	—	2
TOTALS { (i) Doctor present ...	49	—	49
{ (ii) Doctor not present ...	1103	—	1103

## HEALTH VISITING

### Staff

The staff at the end of the year consisted of 1 superintendent health visitor, 9 health visitors, 1 acting health visitor, 1 tuberculosis visitor, 3 clinic nurses (part time) and 3 school nurses. It is a matter for some concern that the number of qualified health visitors was only 9 at the end of 1960 as compared with 12 at the end of 1959, a position which is likely to become even more acute unless there is an improvement in our recruitment of students. At the time of writing we have no prospective students for the 1961/62 training course. It is distressing to note that certain health visitors, after qualifying under this authority's scheme, leave on the completion of the minimum two years' contract service. It seems that the less attractive industrial areas are invariably used as a means to obtain the health visitors' certificate for the return of a mere two years' service.

### **Work of the Health Visitors**

Health visitors are required to undertake visitation for the purpose of general supervision in connection with the care of mothers and young children. The service has, however, extended from year to year and now covers the general care and the health education of the household as a whole, special attention being given to the care of old people. The work of the health visitor, therefore, covers not only the supervision and welfare of young children, but is concerned generally with the prevention of illness and care and after-care of all members of the family. As pointed out under the Mental Health Section of this Report health visitors also carry out the after-care of patients discharged from mental hospitals.

The table on page 23 gives details of health visiting and tuberculosis visiting during 1960.

### **Liaison**

The arrangements whereby 2 health visitors attend the paediatrician's out-patient clinic at Manor Hospital continued throughout the year, 1 health visitor being permitted to accompany the paediatrician on his ward round of the baby unit.

The liaison between the Diabetic Clinic at the General Hospital and the health visitors has continued during the year, two health visitors being seconded to the collaborative work. Two health visitors attend the Diabetic Clinic at the hospital, one each on alternate weeks, and follow up cases in their own homes as required by the consultant physician. Advice and assistance is given in the home to diabetic patients regarding their diet, insulin-therapy, and any other matter in which the patient might need assistance.

As a part of their training, second and third year student nurses from the local hospitals are given two lectures by the Superintendent Health Visitor concerning the public health aspect of their course. Following upon these lectures the nurses are given practical instruction on the district, a feature which is most enlightening and much appreciated. Lectures are also given by the Superintendent Health Visitor to student nurses at the Preliminary Training School.

The good relationship between health visitors and general practitioners in Walsall has continued throughout the year.

### **Geriatric Nursing**

The three part-time geriatric nurses continued to carry out most useful work during the year. Many of the old folk are unaware of the facilities available to them, such as domestic help, meals on wheels, home nursing, etc., and the geriatric nurses are able to help and advise them in this respect. The old people look forward to the periodic visits of the nurses which help to alleviate their loneliness and give them a feeling that they are not forgotten.

HEALTH VISITORS										TUBER- CULOSIS VISITORS			
Number of children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years		Children age 2 but under 5 years		Tuberculous Households		Other Cases	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households
	First Visits	Total Visits	First Visits	Total Visits	Total Visits	Total Visits	Total Visits	Total Visits					
7,365	1,346	1,731 *190	2,187	11,532 *1,359	6,588 *472	9,973 *863	—	9,951 *812	9,175	1,605 *70			

Figures marked with an asterisk are "No access" visits.



## HOME NURSING

### Staff

The home nursing staff at the end of 1960 consisted of one Lady Superintendent, 11 full-time and 3 part-time nurses. The staff is still below establishment, but the additional use of cars has permitted the requirements of the service to be covered adequately.

### Work of the District Nurses

There is no doubt that the home nursing service relieves a great deal of pressure on hospital accommodation. Cases are discharged from hospital much earlier in the full knowledge that a skilled nursing service is available to them in their own homes. Co-operation with general practitioners is essential to maintain the efficient running of the home nursing service and this has always been forthcoming in Walsall.

The statistical table showing the number of cases attended and visits paid by district nurses during 1960 again indicates that a large proportion of patients attended were over 65 years of age, 65 per cent being in this age group.

In conjunction with adjoining county boroughs and Staffordshire County Council a training school for district nurses was set up at the Walsall Technical College, the first course having commenced in September 1960. Two Walsall district nurses attended the course and reached the required standard.

### Cases attended and visits paid by Home Nursing Staff during 1960

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuber- culosis (5)	Maternal Compli- cations (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Cases	851	73	—	49	9	138	1,120	728	16	453
Visits	34,576	2,737	—	2,826	177	5,674	45,990	32,497	342	40,090

## VACCINATION AND IMMUNISATION

### Vaccination against Smallpox

Vaccination against smallpox is carried out at infant welfare clinics or by general practitioners. During the year 972 primary vaccinations against smallpox were carried out, 608 by doctors at child welfare centres and 364 by general practitioners. There were 51 successful re-vaccinations and 44 attempts at vaccination or re-vaccination proved unsuccessful.

The following table shows the ages at vaccination and re-vaccination: —

	Under 1 year	1 year	2—4 years	5—14 years	15 years and over	Total
Vaccinated ...	833	48	29	26	36	972
Re-vaccinated ...	—	1	4	4	42	51

It will be noted that 833 infants under one year were vaccinated out of 2,263 live births, indicating that only 37 per cent. of children born during the year were protected against smallpox. It is essential that all parents should ensure that their children receive this protection before the first birthday.

### Immunisation against Diphtheria

Diphtheria immunisation is carried out at child welfare centres, day nurseries, school clinics and by general practitioners. Visits are also made to schools for the purpose of immunisation and the administration of booster doses. The following table shows the number of children immunised each year by age groups:—

Year immunised	Under 5	5-14	Total	No. of children given re-inforcing injection	Cases of Diphtheria notified
1960	1581	1609	3190	2689	—
1959	1188	1261	2449	1365	—
1958	1094	111	1205	36	—
1957	1037	1294	2331	1158	—
1956	746	1140	1886	774	—
1955	822	988	1810	678	1
1954	856	1027	1883	795	—
1953	858	899	1757	879	—
1952	906	898	1804	1273	—
1951	825	888	1713	1228	2
1950	570	956	1526	1413	2
1949	1171	1167	2338	2111	3
1948	1224	1238	2462	4314	3
1947	1089	725	1814	333	14
1946	957	1104	2061	598	18
Total	14924	15305	30229	19644	43

It will be noted that during 1960, 1,581 children under the age of five years and 1,609 between five and 14 years were immunised, and 2,689 were given a reinforcing injection. Of the total, 631 were immunised and 52 given reinforcing doses by general practitioners under the Authority's scheme, the remainder being immunised by the Local Health Authority's own doctors. The following table shows the number of children on 31st December, 1960 who had completed the course of immunisation at any time since 1st January 1946.



Age at 31.12.60 ... i.e., Born in year ...	Under 1 1960	1—4 1956—1959	5—9 1951—1955	10—14 1946—1950	Under 15 Total
Last course of injections (whether primary or booster)					
A. 1956—1960 ...	525	3,764	7,018	3,940	15,247
B. 1955 or earlier	—	—	851	7,100	7,951
C. Estimated mid- year child popula- tion ... ..	2,030	7,670	18,800		28,500
Immunity Index 100 A/C.	25.9	49.1	58.3		53.5

Again it will be seen that only 53.5 per cent. of children under 15 years of age have been protected against diphtheria in the last 5 years. Parents are inclined to become complacent in view of the rarity of cases of diphtheria, but it must be stressed that to maintain such a state we must have a high level of immunisation.

### Immunisation against Whooping Cough

In June 1959 our official scheme for immunisation against Whooping Cough was approved by the Ministry of Health. The use at Local Authority child welfare centres of combined whooping cough, diphtheria and tetanus vaccine was commenced during 1960.

The following table shows the number of vaccinations carried out during 1960:—

	Single		Combined		Total
	0-4 yrs.	5-14 yrs.	0-4 yrs.	5-14 yrs.	
At Child Welfare Centres	442	—	358	3	803
By General Practitioners	20	1	453	27	501
Total ... ..	462	1	811	30	1,304

### Vaccination against Poliomyelitis

The following table shows the number of injections against poliomyelitis given during 1960:—

Group	First Injections	Second Injections	Third Injections
Children born 1943-1960 ... ..	1,470	1,399	4,623
Young Persons born 1933-1942 ... ..	1,174	854	5,242
Persons born before 1933 who have not passed their 40th birthday ... ..	2,307	1,744	766
Others ... ..	—	—	1
Totals ...	4,951	3,997	10,632

Great efforts were made during the year to encourage poliomyelitis vaccination by means of open sessions and visits to factories and places of work. In addition a mobile poliomyelitis vaccination surgery was stationed in the centre of the town for two days during November and produced most satisfactory results.

### B.C.G. Vaccination

B.C.G. vaccination is now a regular feature of the authority's vaccination and immunisation programme and is offered to all school children over the age of 13 years, including students attending the Technical College. Skin tests were carried out by the Heaf Gun method and negative reactors were offered vaccination. Children with strongly positive skin tests were referred to the tuberculosis health visitor for investigation.

The following table shows the work done in connection with B.C.G. vaccination during the year.

	School Children under 14 years of age	School children 14 years and upwards	Contact Scheme
Number skin-tested ... ..	1,632	90	174
Number found positive ... ..	155	24	33
Number found negative ... ..	1,397	63	141
Number vaccinated ... ..	1,397	63	186

## AMBULANCE SERVICE

### Vehicles

The fleet at the end of 1960 consisted of seven ambulances and six sitting case vehicles. One ambulance was disposed of in August and will be replaced early in 1961.

Radio telephony is now used in most vehicles and it has come to be regarded as an essential part of the service. There is no doubt that wireless transmission greatly increases the efficiency of the service, particularly in cases of accident, when time is vital.



### Staff

The Ambulance staff at the end of the year consisted of one Ambulance Supervisor, one Assistant Supervisor and 24 Ambulance Drivers, two of whom are women. All members of the staff have successfully passed the St. John examination and refresher courses are arranged as necessary. Arrangements are in hand for the newcomers to attend the first available course of lectures for the St. John Certificate.

### Work of the Ambulance Service

There has been a further increase in the number of cases carried by ambulance during the year, 36,898 patients being conveyed as against 34,772 in 1959. The mileage run during the year has also increased to 149,400 as against 147,880 in 1959. The following summary shows the work done during the year:—

Calls	...	...	34,920
Journeys	...	...	12,409
Cases	...	...	36,898
Mileage	...	...	149,400

The ambulance staff continue to be responsible for the conveyance of bodies to the mortuary at the request of the Borough Coroner.

AMBULANCE SERVICE

The following table shows the work carried out during the year:—

Month	CALLS	JOURNEYS										CASES						MILEAGE				
		Illness		Emergency		Other		Abortive and Service		Midwives, Home Nurses, Analgesia Apparatus etc.		Illness			Emergency					Other		
												AMBULANCE			AMBULANCE							
		AMB.	S. C. A.	AMB.	S. C. A.	AMB.	S. C. A.	AMB.	S. C. A.	AMB.	S. C. A.	Stretcher Cases	Sitting Cases	S. C. A.	Stretcher Cases	Sitting Cases	S. C. A.			Stretcher Cases	Sitting Cases	
Jan.	2895	241	514	107	—	16	—	61	—	24	67	808	621	1411	106	4	—	13	3	—	4619	7033
Feb.	3091	230	449	105	—	18	4	47	6	21	94	781	397	1850	112	—	—	18	—	4	4317	7260
March	3228	155	575	117	—	23	8	59	20	79	32	834	310	2000	122	—	—	23	—	8	4286	8594
April	2711	216	400	114	—	17	—	48	17	5	83	660	258	1581	121	—	—	17	—	—	4189	7286
May	2628	240	560	127	—	13	—	37	11	17	97	802	325	2000	133	—	—	13	—	—	4180	8980
June	2859	172	469	153	—	10	7	47	10	46	80	533	287	2147	157	—	—	10	—	7	4754	8227
July	2741	201	522	146	—	18	—	52	14	45	65	731	220	2000	152	—	—	18	—	—	4734	7683
Aug.	2933	212	553	121	—	17	—	40	5	47	53	726	370	1637	126	—	—	17	—	—	3835	8462
Sept.	2628	232	491	136	—	15	—	37	—	—	140	791	221	1939	140	—	—	15	—	—	3876	8727
Oct.	2955	160	483	116	—	20	5	32	9	42	111	815	320	1781	120	—	—	20	—	5	4100	8033
Nov.	3510	233	581	145	—	11	—	50	7	38	50	818	271	2126	150	—	—	11	—	—	5185	8532
Dec.	2741	177	570	137	—	11	4	46	10	111	20	834	346	1545	142	—	—	11	—	4	4621	7887

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Sick-Room Appliances Service

Sick-room appliances are available at the Ambulance Station for issue to patients on loan on the recommendation of the hospital, family doctor, district nurse or health visitor.

During the year the following articles were issued:—

Rubber Sheets ...	209	Urinals ...	105
Back Rests ...	218	Sputum Cups ...	6
Feeding Cups ...	11	Air Rings ...	165
Crutches ...	13 prs.	Wheel Chairs ...	58
Walking sticks ...	23	Air Beds ...	2
Bed Cradles ...	44	Bedpans ...	271
Bed Tables ...	12	Powell Chair ...	1
Commodes ...	35	Bed Boards ...	3

A small deposit is required for each article loaned out, which is refunded on the return of the article to the Ambulance Station.

### Milk Assistance Scheme

The Health Committee, implementing their proposals for the care and after-care of tuberculous patients, instituted a scheme, in conjunction with the Tuberculosis After-Care Committee for the supply of milk to tuberculous patients. Broadly the scheme provides for the free issue of one pint of milk per day where the total weekly income does not exceed an amount specified in the Council's scale. The scale was modelled upon that prepared by the Association of Municipal Corporations, and the arrangements appear to be reasonably adequate.

During the year eight patients, for varying periods, have been supplied with one pint of milk per day, free of charge.

A grant of free milk is issued by the department upon the certificate of the Chest Physician. Close liaison is maintained between the Chest Physician who, of course, is an officer of the Regional Hospital Board, and this department. The officers of the Chest Clinic and of this department confer regularly upon the needs of tuberculous patients. The Tuberculosis Health Visitor has an office at the Chest Clinic and works with the Chest Physician. Contact is thereby maintained between the tuberculous patients and other activities of the Health Department.

Milk is supplied through the patient's own registered milk retailer so that the patient is not put to any trouble to obtain milk from a special source, a benefit appreciated by the patients.



### **Tuberculosis After-Care**

The Tuberculosis After-Care Committee is responsible, on behalf of the Council, for after-care for tuberculous patients. Extra assistance for the tuberculous patient in the form of the additional food, change of air, clothing, better home conditions, extra beds and bedding, and more suitable occupation, are the Committee's main activities. The Committee has functioned for many years and has been of great help to a large number of patients. Mainly the funds are derived from voluntary sources, but the Council also makes a monetary grant to assist the Committee in its work.

The Committee makes arrangements for practical help to patients where necessary and a very considerable sum is distributed as Christmas gifts to all patients on the books. The Committee is well served by its honorary officers who have a long tradition of service behind them. There is a helpful liaison between the voluntary body and the Health Department and this ensures active co-operation at all times.

### **Prevention of Break-up of Families**

Since this new section of the department was set up in July 1959 to cover the supervision of problem families, much good work has been carried out by the social case worker.

Cases are referred from various sources, such as Doctors, Health Visitors, Children Department, Housing Department, Probation Officer, etc., some cases requiring intensive visitation consisting of three visits or more per week, others weekly or occasional visitation. The main aim of the social worker is to hold the family together, and this has been achieved in many cases only by constant supervision, particularly in relation to care of the children, budgeting and even securing employment for the father of the family. There is no doubt that this service is relieving the Council of considerable expense by preventing the necessity of children being taken into Care and effecting reductions in council house rent arrears.

Our thanks are due to the organisations and individuals who have kindly donated furniture and clothing for distribution to needy families. In addition monetary grants from voluntary associations, for which we are most grateful, have enabled the social case worker to arrange trips and hostelling holidays for children of problem families who would never under normal circumstances have a holiday away from home.

During 1960 the social case worker dealt with 37 families, 21 of which received intensive visitation consisting of three or more visits per week, in 5 cases weekly visitation was undertaken and the remainder needed only occasional visiting. During the year 3 cases were closed following an improvement in the conditions. In nearly all cases the social case worker reports a definite improvement which is being maintained.



### **Convalescent Treatment**

Section 28 of the National Health Service Act, 1946, provides for the prevention of illness, care and after-care. Under these provisions the local authority may make arrangements to provide convalescent treatment for persons certified to require such treatment either by hospitals or by their medical practitioner. The convalescent treatment so provided shall not be given to persons needing medical care.

During the year 35 children received convalescent treatment for three weeks at the Ormerod Convalescent Home, St. Annes-on-Sea, and 5 adults for two weeks, at convalescent homes at St. Annes, Clevedon and Exmouth.

The children's part of the scheme is run on similar lines to that operated by the Walsall Poor Children's Country Holiday Society and co-ordination of the two schemes is well established.

### **Chiropody**

Towards the end of the year, following approval by the Ministry of Health of the Council's proposals, a chiropody clinic was set up at Pool Street Clinic, treatment being provided to the recommended priority groups, i.e. aged persons, expectant mothers and physically handicapped persons. The services of a local chiropodist were obtained on a part-time basis and clinic sessions arranged on two mornings per week. In view of the increasing number of applications for the service, particularly from aged persons, it was found necessary during 1961 to hold a further session at a local chiropodist's surgery. It is obvious that, as in all services provided for the benefit of old people, the demand will increase and in our efforts to meet the increased demand for chiropody I feel we shall be faced with a difficulty in obtaining the services of suitably qualified chiropodists.

As the chiropody service did not commence until early December 1960, it is felt that details of attendances at sessions during 1960 would be of little statistical value and have, therefore, been omitted from this report.

## **DOMESTIC HELP SERVICE**

### **Staff**

At the end of the year the number of domestic helps employed was 16 full-time and 56 part-time.

### **Work of the Domestic Helps**

We have again covered a larger number of cases during the year under review, 648 persons having received help during 1960 as compared with 467 during 1959. It will again be noted that there has been a rapid increase in demand for the service, which it is obvious will continue.

Out of the 648 cases for which help was provided, 469 (72 per cent.) were chronic sick, including aged and infirm. It is obvious that the Domestic Help Service is fast becoming a service for the aged and it must be our earnest endeavour to meet their small but necessary needs by evenly spreading the service over a larger number of persons.

The following statistics show the work done by the domestic helps during the year:—

No. of Helps employed at 31st December, 1960 ...	72
(16 full-time, 56 part-time)	
No. of confinement cases at which help was supplied	123
No. of tuberculosis cases at which help was supplied	3
No. of chronic sick (including aged and infirm) cases at which help was supplied ... ..	469
No. of other cases at which help was supplied ...	53
Total hours worked at confinement cases ... ..	8,999
Total hours worked at tuberculosis cases ... ..	974
Total hours worked at other cases ... ..	81,961

## MENTAL HEALTH

### Organisation and Staff

The administration of the Mental Health Service under the Mental Health Act 1959 is carried out by the Health Committee with delegation to a special sub-committee.

The following is a list of staff employed in this service:—

General Medical Supervision	Medical Officer of Health.
	Deputy Medical Officer of Health.
Mental Welfare Officers ...	2 Senior Mental Welfare Officers.
	1 Mental Welfare Officer.
	1 part-time Mental Welfare Officer.
Occupation Centre ... ..	1 Supervisor.
	2 Assistants.
	1 Trainee Assistant.
	1 Cook-Guide.

The after-care of patients discharged from mental hospitals is carried out by the health visiting staff, a number of health visitors having attended a special course on such care.

During the year a series of observation visits was made by health visitors to St. Matthew's Hospital, which included sitting in on case conferences.

There is close co-operation with the Birmingham Regional Hospital Board and the Hospital Management Committee of St. Margaret's Hospital, and the advice and assistance of the officers of the Board and the Committee are freely available.



### Approval of Medical Practitioners

The following doctors were approved by this Local Health Authority under the Mental Health Act 1959, to give medical recommendations for compulsory admission of mentally disordered persons to hospital or reception into Guardianship:—

Dr. T. Ross	...	...	Medical Officer of Health
Dr. G. P. A. Evans	...	...	Deputy Medical Officer of Health
Dr. I. M. Brown	...	...	Senior Assistant Medical Officer
Dr. K. Hazell	...	...	Consultant Gerontologist
Dr. G. M. Baker	...	...	General Practitioner
Dr. J. D. Baston	...	...	General Practitioner
Dr. A. B. Davies	...	...	General Practitioner
Dr. L. A. Redlich	...	...	General Practitioner
Dr. P. G. H. T. Pollitt	...	...	General Practitioner
Dr. M. H. Bott	...	...	General Practitioner

### Admissions and After-care

The following table shows the number of cases dealt with in 1960 under the Mental Health Act 1959 by the Mental Welfare Officers:—

No. of Health Service patients removed to St. Matthew's Hospital, Burntwood, for observation or treatment	...	...	...	...	59
No. of Health Service cases, alleged to be suffering from mental disorder, investigated	...	...	...	...	53
No. of patients referred for after-care	...	...	...	...	208
No. of after-care visits paid	...	...	...	...	868
No. of miscellaneous visits made by the Mental Welfare Officers	...	...	...	...	272

The system whereby after-care visiting of patients discharged from mental hospitals is carried out by the health visiting staff has continued to work very satisfactorily. These patients often, after a long stay in a mental hospital, are faced with the difficult task of readjusting themselves to life in the community. The Health Visitor, with careful handling and tact, can assist greatly in helping the patient to regain confidence and, although progress may be slow, the time spent is considered well worth while, even if success is not always achieved. A considerable amount of time is also spent by the Health Visitors and sometimes by the Mental Welfare Officers, in persuading patients to return to hospital for further treatment.

## **Subnormal Patients**

### **Ascertainment**

Head teachers of schools are responsible for reporting to the Principal School Medical Officer any child whom they feel is retarded. In cases where it is necessary for the Health Committee to assume responsibility for supervision arrangements are made for admission to hospital or to the Council's occupation centre. Cases placed under Guardianship are under the supervision of the Guardianship Officer.

Temporary care was used as much as possible during the year to enable relatives of patients living at home to have a period of respite.

The accompanying tables show in detail persons dealt with under the Mental Health Act 1959.

### **Mental Welfare Association**

The Senior Mental Welfare Officer is Secretary of the Mental Welfare Association and this officer and the female Mental Welfare Officer are responsible for the work undertaken by the Association. There is a large number of voluntary patients on the register and the Association carries out useful work in their supervision.

### **Occupation Centre**

There were 41 juniors and 31 seniors in attendance at the Occupation Centre at the end of 1960.

The curriculum of the Centre includes rug making, stool seating, embroidery, handicrafts, percussion band, eurhythmics, country dancing, puppetry, games and speech training.

## **MINISTRY OF HEALTH CIRCULAR 1/61**

The following information is provided in response to the Minister's request for details of the progress made in the development of the authority's mental health services.

### **Training Centres**

A new occupation centre to be named "Walsall Training Centre" to accommodate 75 junior pupils is now in the course of erection and we hope will be ready for occupation during 1962. This is to be followed by an adult training centre on the same site, for which provision has been made in the local authority's building programme for the financial year 1962/63.

### **Residential Accommodation**

Provision has been made in the local authority's building programme in the financial year 1962/63 for the erection of a hostel to accommodate 30 senile demented, following which consideration will be given to the provision of residential accommodation for working subnormal patients.



### **Social Club**

In April 1960 the running of the Phoenix Club for patients discharged from mental hospitals was taken over by this department from the Regional Hospital Board. The efforts of the health visiting staff and voluntary helpers have been most commendable and we can safely say that the club is a distinct success and a most valuable contribution to the rehabilitation of our ex-hospital patients. Meetings, which take the form of social evenings or visits to places of interest are held twice monthly. Every effort is made to provide an evening's programme as varied and interesting as possible. Various games are organised by the health visiting staff and voluntary helpers with refreshments provided, and visits have been paid to the fire and police departments; an evening trip to Trentham Gardens was also organised. These periodic meetings are very much appreciated and enjoyed by all concerned and obviously have beneficial effects on club members.

### **Staff**

In view of the increased responsibilities in the Mental Health Service two mental welfare officers on the existing staff have been re-designated Senior Mental Welfare Officers and placed on the appropriate scale. It has not been found necessary at the time of writing to employ additional mental welfare officers but provision has been made for the appointment of such additional staff in the Council's proposals under the Mental Health Act 1959.

# MENTAL DEFICIENCY ACTS, 1913—1938

## 1. Particulars of cases reported during the period 1.1.60—31.10.60

(a) Cases ascertained to be defectives "subject to be dealt with." Action taken on reports by—

### (1) Local Education Authorities on children

- (i) While at school or liable to attend school ... ..
- (ii) On leaving special schools ... ..
- (iii) On leaving ordinary schools ... ..
- (2) Police or by Courts ... ..
- (3) Other sources ... ..

Total of 1 (a) ...

(b) Cases reported who were found to be defectives, but were not regarded as "subject to be dealt with" on any ground ... ..

(c) Cases reported who were not regarded as defectives and thus excluded from (a) or (b) ... ..

(d) Cases reported in which action was incomplete at 31st October, 1960, and thus excluded from (a) or (b) ... ..

Total of 1 (a) — (d) ...

Under age 16		Age 16 and over	
M.	F.	M.	F.
2	4	—	—
2	1	1	2
1	—	2	—
—	—	—	—
—	—	—	—
5	5	3	2
—	—	—	—
—	—	—	—
—	—	—	—
5	5	3	2

## 2. Disposal of cases reported during the period 1.1.60—31.10.60.

(a) Of the cases ascertained to be defectives "subject to be dealt with" number

- (i) Placed under Statutory Supervision ... ..
- (ii) Placed under Guardianship ... ..
- (iii) Taken to "Places of Safety" ... ..
- (iv) Admitted to Hospitals ... ..

Total of 2 (a)

(b) Of the cases not ascertained to be defectives "subject to be dealt with" number

- (i) Placed under Voluntary Supervision ... ..
- (ii) Action unnecessary ... ..

Total of 2 (b)

(c) Cases reported at 1 (a) or (b) who removed from the area or died before disposal was arranged ... ..

Total of 2 (a) — (c)

Under age 16		Aged 16 and over	
M.	F.	M.	F.
3	5	3	2
—	—	—	—
—	—	—	—
2	—	—	—
5	5	3	2
—	—	—	—
—	—	—	—
—	—	—	—
5	5	3	2

# MENTAL HEALTH ACT, 1959

	Subnormal				Severely Subnormal				Totals			
	Under Age 16		16 years and over		Under Age 16		16 years and over		Under Age 16		16 years and over	
	M	F	M	F	M	F	M	F	M	F	M	F
1. Admission to Guardianship of L.H.A. or other Guardian during period 1.11.60 to 31.12.60 ...	—	—	—	—	—	—	—	—	—	—	—	—
2. Total number under Guardianship at 31.12.60												
L.H.A. ... ..	—	—	2	—	—	—	—	—	—	—	2	—
Other ... ..	—	—	—	1	—	—	—	—	—	—	—	1
3. Receiving training or occupation in day centre	—	—	1	4	22	10	11	17	22	10	12	21
Awaiting training or occupation in day centre	—	—	—	—	3	3	—	—	3	3	—	—
4. Receiving home visits ... ..	2	1	71	52	11	15	27	52	13	16	98	104
5. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.60.												
(a) In urgent need of hospital care ...	—	—	—	—	1	1	—	—	1	1	—	—
(b) Not in urgent need of hospital care	—	—	—	—	—	—	1	—	—	—	1	—
6. Number of patients admitted temporarily for residential care during 1960.												
(a) To N.H.S. hospitals ... ..	—	—	—	—	2	4	1	4	2	4	1	4
(b) Elsewhere ... ..	—	—	—	—	5	3	—	—	5	3	—	—



## SECTION D.

### MISCELLANEOUS

#### Health Education

Throughout the year we have continued our campaign of health education by means of posters, press notices, lectures and talks to various clubs, which we find to be an effective way of bringing our point of view to the public. These methods, together with personal contact between members of our medical, health visiting, midwifery and home nursing staffs and the public, have the cumulative effect of persistently impressing health education on all age groups.

Publicity has been carried out throughout the year relating to vaccination and immunisation, with particular emphasis on poliomyelitis vaccination. Advertisements in the local press, circularising schools, distribution through health visitors of invitations to take advantage of protective measures, and personal contact at welfare clinic sessions have all proved to be useful and effective means of "selling our wares." Our thanks are due to the press for their valuable co-operation, particularly in publicising our poliomyelitis vaccination campaigns.

Requests from various organisations for members of the medical and nursing staff to give talks on the work of the department have been complied with. The Superintendent Health Visitor has lectured to a number of organisations on various aspects of public health and the services which are available, and her talks have been much appreciated. In addition health visiting staff gave a number of talks to various voluntary organisations.

Mothercraft classes were continued for young mothers expecting their first babies, a course of seven lectures being given by health visiting and midwifery staff. The lectures cover all aspects of ante-natal care, preparation for confinement and care of mother and baby. The final session of the course is devoted to a fathercraft class, which is quite well attended and provides a means of educating young fathers in the care of mother and baby. We feel that the courses are very much appreciated as is evidenced by the stimulating discussions which follow.

Our main efforts in health education in connection with smoking and lung cancer have been aimed at the senior school children to whom talks have been given by medical and nursing staffs on the dangers of excessive smoking. Last year the B.B.C. film "Facts and Figures" on the subject was made available for showing at all senior schools and a commentary on the film was given by members of the medical staff. In addition frequent references are made on the relationship between heavy smoking and the prevalence of lung cancer, at mothercraft classes. As mentioned in the health education section of my School Health Report, however, we are faced with the strong competition of high-pressure advertising by tobacco manufacturers which must be overcome before there can be any really beneficial effects from any local authority campaign.

The Health Department has its own film projector and from time to time suitable films are shown during the course of lectures, there being a number of useful films available for this purpose. The officers concerned, medical and nursing staff in particular, often give freely of their own time for these lectures and thanks are due to these officers for their enthusiasm and concern for this aspect of our work.

### Nursing Homes

At the end of the year there were no nursing homes registered under the Public Health Act, 1936.

There is one Home for Disabled and Old Persons, registered under the National Assistance Act, 1948.

The Senior Medical Officer has paid three visits during the year.

### Medical Examinations

The medical staff of the health department carry out medical examinations on behalf of the various corporation departments on candidates for admission to the superannuation scheme and also act as medical examiners in cases where corporation employees are reported to be medically unfit to continue in the Council's service.

The following table shows the number of medical examinations carried out during the year:—

Transport Department ... ..	327
Education Department ... ..	168
Public Works Department ... ..	109
Health Department ... ..	64
Housing Department ... ..	25
Children Department ... ..	6
Town Clerk's Department ... ..	9
Borough Treasurer's Department ... ..	11
Fire Department ... ..	6
Baths, Parks and Cemeteries Department ... ..	22
Welfare Department ... ..	3
Police Department ... ..	7
Public Libraries ... ..	12
Civil Defence Department ... ..	2
Workshops for the Blind ... ..	1



### **Pathological Examinations**

The arrangement for the examination of pathological and bacteriological specimens by the National Laboratories Service has continued throughout the year. The laboratory, situated at Stafford, is directed by the Medical Research Council for the Ministry of Health, and the service is a complete one covering all our possible requirements.

The medical staff of the Health Department send specimens for examination regularly and the service is also open to any of the local medical practitioners. The bacteriological examination of milk and other specimens is also carried out.

### **National Assistance Act, 1948, Section 47**

Action was taken under the procedure as modified by the National Assistance (Amendment) Act, 1951 in respect of two persons, who were in need of care and attention and refused to enter Part III accommodation voluntarily. The appropriate certificates were issued in each case and compulsory removal carried out.

### **Cremation**

The Medical Officer of Health is the Medical Referee to the Walsall Corporation under the regulations made in pursuance of the Cremation Act, 1902, and is responsible to the Corporation for the final authority to cremate.

During 1960 certificates were given in respect of 441 deaths of persons who had resided in Walsall, and 328 in respect of persons who had resided outside the Borough, a total of 769.

As it is not always possible for the Medical Officer of Health to be present on all occasions when authority to cremate is required, authority was requested for the appointment of deputies to act in his absence, and the Deputy Medical Officer of Health and the Senior Medical Officer for Maternity and Child Welfare have been appointed Approved Deputies by the Council with the sanction of the Home Office.

### **Nurseries and Child-Minders**

The Nurseries and Child-minders Regulation Act 1949 provides for the registration of nurseries and child-minders, where children numbering more than two and who come from more than one household are cared for. The Act does not apply to the care of children by relatives.

The care of such children in Walsall has never been a serious problem and up to the end of the year no premises or persons had been registered under the Act.

### **Blind Persons**

The care of blind persons is a function of the Welfare Committee in Walsall, and they work in close conjunction with the Walsall, Wednesbury and District Society for the Blind. There is a modern institution and workshops for the blind in the town and the facilities and care provided are of the best.

At the end of 1960 there were 275 Walsall residents on the register for the blind and 33 on the register for the partially sighted.

### **Liaison Arrangements**

With regard to the Minister's request for a report on the above, I would say that this local authority has little, if any, control over the admission of patients to hospitals, out-patient attendances or discharges from hospital. The question of the avoidance of unnecessary hospital admissions and out-patient attendances and the facilitation of early discharges is a matter which I feel can only be discussed by a co-ordinating Committee of the hospital, general practitioner and local authority services, but even by this means it would be most difficult to devise some method of vetting individual cases. The local authority is occasionally called upon by the hospital to report on home circumstances of individual cases when discharge to a reputed undesirable home is contemplated, or in cases where a patient is living alone and requires the attention of relatives or local authority services. As mentioned in the appropriate section of this report the local authority's main function in facilitating early discharge is the provision of home nursing service, coupled with the domestic help service.

With regard to the nursing of sick children at home and the after-care of children discharged from hospital, the health visitor is always willing to give assistance and advice to the family, which is invariably readily accepted. The attendance at the hospital paediatric clinic of two health visitors, as outlined in the health visiting section of my report, is an ideal means of obtaining valuable first-hand information on children likely to be discharged. In addition the consultant paediatrician at the hospital sends copies to the Health Department of his reports to general practitioners on out-patient attendances at the paediatric clinic. Both medical and nursing staff greatly appreciate this close link with a most important hospital service and we shall do all in our power to maintain and further our good relationship.



## Child Guidance

The authority's arrangements for child guidance are set out in the school health section of this Report.

We have close co-operation with the child guidance team of the West Bromwich Local Authority and during the year a consultant child psychiatrist kindly gave his time to attend weekly meetings at a Walsall clinic to talk to medical and nursing staff on the general principles of child psychiatry and to discuss individual cases. The advice and information given at these meetings by the child psychiatrist proved most beneficial to medical and nursing staffs in their dealings with problems of emotional development and behaviour difficulties encountered in their contacts with mothers and young children.

## COUNTY BOROUGH OF WALSALL

**ANNUAL REPORT**  
 OF THE  
**Chief Public Health Inspector**  
 ON THE  
**Work of the Public Health Inspectors**  
 for the year ended 31st December, 1960.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY  
BOROUGH OF WALSALL.

Mr. Mayor, Ladies and Gentlemen,

I submit my Annual Report for 1960 on the work of the Public Health Inspectors in the Borough.

This is the sixth year in succession that I have to report on continuing staff shortages and extreme pressure of duties. These circumstances have a serious cumulative effect on the work of the department and of necessity some duties have had to be neglected. There is, however, one hopeful sign in that two of our young inspectors, who have been on National Service, will be returning to the office early in 1961.

Two main activities, slum clearance and food inspection, have been given priority and it has also been necessary to devote an increasing amount of time to atmospheric pollution.

The report, although presented in a restricted form, contains sufficient information to indicate the amount and scope of the work undertaken by the Public Health Inspectors.

I must again pay tribute to the continued co-operation and support of the Chairman and Members of the Health Committee and Medical Officer of Health. My thanks are also due to chief officers and heads of departments for their help and co-operation.

To the members of my staff I tender sincere thanks.

Although missing his services, the department was delighted to know that Mr. Bayley, my former Deputy, had resigned to take up a post as Lecturer in Public Health at the College of Advanced Technology, Birmingham.

I would like to record my appreciation of the work of my Deputy, Mr. John P. Barton, and the Specialist Inspectors, Messrs. Woodward, Keiley, Penn and Monks, for their help in the preparation of this report.

Yours obediently,

C. A. STANSBURY,

Chief Public Health Inspector.

## PART 1—STAFF

The Department has experienced several staff changes in the past year.

Mr. E. Bayley, Deputy Chief Public Health Inspector, resigned on 31st August, 1960 to take up a post as Lecturer in Public Health at the College of Advanced Technology, Birmingham.

In November Mr. J. P. Barton of Spenborough was appointed to fill the vacancy left by the resignation of Mr. Bayley, to take up his duties early in 1961.

On 26th June, 1960 Mr. B. Boyd, Public Health Inspector, resigned to take up a post as Sanitary Officer with Down County Health Committee, Northern Ireland, and on 31st October, 1960 Mr. R. J. Moore, third Meat Inspector, resigned on being appointed as a Public Health Inspector to Cardiff City Council.

Mr. K. Coe, a Pupil Public Health Inspector, qualified as a Public Health Inspector on 18th June, 1960 and was appointed to the post left vacant by the resignation of Mr. B. Boyd.

On 19th December, 1960 Mr. A. W. Johnson was appointed as a Pupil Public Health Inspector.

On 18th June, 1960 Mr. F. B. Owen, Senior District Public Health Inspector, obtained the Diploma in Smoke Inspection of the Royal Society of Health.

## PART 2—HOUSING

This section of the report deals with work carried out under the provision of the Public Health Act, Walsall Corporation Act and the Housing Acts to secure the repair, improvement, demolition or closure of properties. The work is considered under the appropriate headings as set out below.

### Defects and Disrepair in Houses.

Approximately 1,763 complaints were received from members of the public, this being just slightly more than the 1,740 received during the previous year. All these complaints were investigated by the Public Health Inspectors of the department. When the number of complaints received at any particular period shows a marked increase it becomes necessary for them to be dealt with in some order of priority but practically all drainage complaints are dealt with the day they are received.

The amount of time spent by inspectors on relatively simple drainage defects is considerable. In the first instance the cause of the trouble has to be found and the responsibility for remedying the defect determined. In the case of a combined drain this may involve the tracing of several owners, all of which has to be done promptly, but with accuracy. The next stage is the serving of the appropriate notice and the execution of the work on behalf of the owner by the Corporation. This is followed at a later date by the apportionment of the costs incurred between various owners, and the despatch of



claims to recover the sums involved, in conjunction with all the bookkeeping entailed in this type of work. Nevertheless the service provided to the public runs remarkably smoothly and few serious hitches occur, whilst it is seldom that any objection to the apportionment of the expenses is received.

By the end of the year some 1,206 houses had been repaired as the result of notices served by the department, and in no case had it been necessary to resort to legal proceedings to secure the enforcement of a notice.

Considerable use continues to be made of the provisions of the Walsall Corporation Act 1954 which lays down a simple and relatively speedy procedure whereby the Corporation can arrange urgent repairs to houses in default of an owner. The action taken under this Act is set out below:—

	No. of Notices Served		Work done by Owners		Work done in Default
Section 44 (power to remedy stopped up drains, etc.) ...	76	...	26	...	44
Section 50 (repair of defective houses) ... ..	148	...	104	...	29

### Rent Act Procedure

There is a continuing decline in the use made of the Rent Act by the public. It may be that the majority of tenants are under the impression that Form "G" specifying items of disrepair can be served only when the landlord seeks to increase the rent of the house and not at any time when defects of disrepair exist in the house. It is also probable that the majority of tenants find the provisions of the Rent Act rather complicated, or prefer the officers of the department to negotiate with the landlord the repair of their houses.

The following table compares the position in 1960 with that of 1959:—

### Applications for Certificates of Disrepair

	1960	1959
Number of Applications for Certificates ...	22	27
Number of Certificates issued ... ..	11	15
Number of Undertakings given by landlords to remedy defects ... ..	7	15

### Applications for Cancellation of Certificates

Number of Applications for Cancellation ...	10	16
Number of Certificates cancelled by the Council	4	10

It will be found that the figures given in these tables do not balance for any particular year, due to the time lag between various stages of the procedure. When an undertaking to remedy defects is given by a landlord to the Council, no Certificate of Disrepair can be issued.

## Unfit Houses

Although only three new areas were represented, much of the time spent on housing work this year was with a view to the representation of a number of large clearance areas in the following year. One of these areas was particularly complex and a great deal of time had to be devoted to its inspection and preparation to ensure that difficulties would not be encountered after representation.

In view of the increasing pressure of housing work and the continued increase in the number of improvement grants being dealt with, it was found necessary to provide additional help for the housing inspector and one of the district inspectors was allocated for this purpose. Further difficulties arose during the year in obtaining ordnance surveys of the areas being dealt with and in several cases it was found an advantage to revise these surveys within the department.

The following three clearance areas were represented during the year, totalling 55 houses, and it is anticipated that they will become the subject of Clearance Orders or Compulsory Purchase Orders in 1961:—

- |  |           |
|--|-----------|
| 1. The Walsall (Union Street) Clearance Area 1960      | 10 houses |
| 2. The Walsall (Little London) Clearance Area 1960     | 11 houses |
| 3. The Walsall (Whitehouse Street) Clearance Area 1960 | 34 houses |

One Compulsory Purchase Order was made, i.e.:—

- |  |           |
|--|-----------|
| The Walsall (Bell Lane) Compulsory Purchase Order 1960 | 24 houses |
|--|-----------|

The following Orders were confirmed by the Ministry of Housing and Local Government:—

1. THE WALSALL (BURROWES STREET) COMPULSORY PURCHASE ORDER 1959 was confirmed on 11th May, 1960 with three modifications, all in respect of "Grey" lands, ref. 23, 28 to 34 and 146.

2. THE WALSALL (GREEN LANE, LEAMORE) COMPULSORY PURCHASE ORDER, 1959 was confirmed on 9th September, 1960 subject to the modification that No. 62 Green Lane/28, Addenbrooke Street be included as additional land necessary for the satisfactory redevelopment of the area only and should be coloured 'grey' instead of 'pink'.

3. THE WALSALL (CARLESS STREET) COMPULSORY PURCHASE ORDER, 1959 was confirmed without modification on 9th May, 1960.

4. THE WALSALL (NORTH STREET) COMPULSORY PURCHASE ORDER, 1959 was confirmed without modification on 20th September, 1960.

5. THE WALSALL (PROFFITT STREET) COMPULSORY PURCHASE ORDER, 1959 was confirmed on 9th September, 1960 subject to the modification that No. 35/37, Proffitt Street (Reference 21) which was coloured 'pink' on the map should be included in the land coloured 'grey'.



6. THE WALSALL (BELL LANE) COMPULSORY PURCHASE ORDER, 1960 was confirmed on 13th October, 1960 subject to the modification that the houses Nod. 5 and 8, The Green and Nod. 55 and 61, Bell Lane, which were included in the original Order as unfit houses, should only be included by reason of their bad arrangement and were accordingly coloured 'pink hatched yellow'. (References 11, 14, 21, 22).

In addition to the houses represented in clearance areas, a number of individual properties were dealt with under Sections 16 and 17 of the Housing Acts with a view to demolition or closure. Demolition or closing orders were made in respect of 34 unfit houses. Certificates of Unfitness were issued on four Corporation owned houses from which the tenants were being rehoused prior to demolition.

During the year 189 families were rehoused from 187 houses and 216 houses were demolished; the total number of persons moved was 595. At 31st December, 1960 there were 265 condemned houses still being occupied.

The summary below sets out in detail the progress made during the year in the clearance of unfit properties.

Condemned houses still in occupation at 1st January, 1960	235
Houses represented with a view to the making of demolition or closing orders	36
Certificates of unfitness issued by Medical Officer of Health in respect of Council owned properties	4
Houses represented in Clearance Areas	55
Condemned houses vacated	187
Condemned houses demolished	216
Condemned houses still occupied at 31st December, 1959	265

The progressive total of houses dealt with since 1930 under the slum clearance programme is summarised as follows:—

Houses represented as unfit	5,150
Houses demolished or closed	4,496
Approximate number of persons displaced	18,262

During 1960 new houses in Walsall were provided by the following undertakers:—

(a) Walsall Corporation	224
(b) Private Persons—	
(i) Permanent houses	161
(ii) New dwellings created by conversion of existing properties	8



## Information as to "life" of properties

The advice laid down in Circular 54/55 of the Minister of Housing and Local Government to give as much information as possible to intending house purchasers of the Corporation's slum clearance programme has continued to be followed and has given the department a great deal of work. During the year some 1,650 enquiries were answered and in view of the increasing number of older houses which are becoming owner-occupied, it is more than ever important to give the most detailed consideration to enquiries as to the life of properties.

## Improvement Grants

A large proportion of time of the housing section is spent on the supervision of the improvement grant schemes. The number of enquiries received continues to increase and the costs of grants provided this year is approximately £5,000 more than in the previous year. The applications for standard grants are steadily increasing but have not resulted in the flood of applications that was expected a year earlier. Most of the applications for standard grants are made after advice has been offered to applicants and generally are in respect of the fitting of amenities in existing rooms. The summary below sets out the position with regard to the number of discretionary and standard grants dealt with during 1960.

Number of enquiries received ... 380.

	Discretionary Grants		Standard Grants	
Applications considered ...	...	120	...	198
Applications approved ...	...	116	...	192

Total cost of all grants approved during the year:—

Discretionary Grants ... £19,221.

Standard Grants ... £6,270.

## PART 3—TENTS, VANS, SHEDS AND SIMILAR STRUCTURES

A considerable amount of the Inspectors' time has again been taken up in dealing with the unauthorised parking of caravans on vacant land and roadways, such parking being a contravention of the provisions of Section 106 of the Walsall Corporation Act, 1930.

The caravans concerned in these contraventions are rarely the horse drawn caravans of the gypsy type. The majority of these caravans seem to have disappeared. Most of the present day caravans are the typical motor drawn caravans used by holidaymakers and for residential purposes. They are well equipped and sometimes have additional fitments and embellishments not found in the ordinary caravan.

The people who occupy these caravans and cause these contraventions of the Act are itinerant scrap merchants and general dealers. Their main activity in the Walsall area is the collection and sale of scrap metals, for which Walsall offers ideal opportunities. This activity is doubtless a useful and necessary trade, but it is the manner in which the trade is carried on, and the conduct of the caravan dwellers, which gives rise to complaint. The caravans once having been stationed on a site, the surrounding area is scoured for scrap material. Much of this scrap is brought back to the site for sorting purposes and articles such as old vehicles are set alight to burn off unwanted material. The material which is not wanted is abandoned on the site, together with the general rubbish from caravan living, and the filth arising from the absence of proper sanitary facilities. In addition, the noisy and unruly behaviour of the occupants of the caravans offends the people living in the neighbourhood. It is not long before complaints of the presence of caravans reach the department.

About 1,141 visits have been made by Inspectors of the Department during the current year in connection with such contraventions, 550 letters calling attention to the Corporation Act provisions have been served and proceedings instituted in 12 cases. It is estimated that an average of 19 hours of inspectors' time is spent every week in dealing with this problem.

The 12 prosecutions represent but a small part of the work involved, since many of the caravan dwellers decamp at last moment, after the rather complicated legal machinery to secure their conviction has been set in motion, or simply remove from one site on receiving their warning letter, to reappear sooner or later on another site in the Borough. The time wasting and frustrating nature of such work will be appreciated. Particulars of the proceedings instituted are set out in the section dealing with legal proceedings, at the end of the Report.

The sites used by these caravan dwellers are well known to the Inspectors of the Department. These regular sites are kept under supervision, and it is not unusual that when complaints are received in the Department the unauthorised parking is already known to the Department and the first steps have been taken.

It is known that there are about ten sites in the Borough favoured by these caravan dwellers, and work has been carried out during the year to make five of these sites inaccessible to caravans. Unfortunately, it is not possible to carry out the work on all sites because of local conditions or the need to maintain rights of way. In some cases the sites are owned by the Corporation and the co-operation of the various Departments concerned is necessary to fence off the sites where practicable and to require the caravan dwellers to remove themselves from Corporation land. In those cases where the caravans are stationed on a public highway or the forcible removal of the caravans is intended, the assistance of the police is obtained. There is always,



of course, the possibility that as the existing sites are made unavailable to the caravan dwellers, they will find new sites within the Borough from which they must be persuaded to move, but it is anticipated that with the development of the Borough the sites available will become very few.

### **The Caravan Sites and Control of Development Act, 1960**

This new Act which came into force on 29th August, 1960 is designed to deal with permanent caravan sites occupied by residential caravans, and holiday caravans. It contains no provisions which can be used effectively against the itinerant scrap merchant referred to in the previous section of the report. The original dual licensing system operating under the provisions of the Public Health Act 1936 which provided for the licensing of either the caravan occupier, or the owner of the site on which the caravan was stationed, has been abandoned. Under the new Act, a licence is issued to the "site operator" who, in the majority of cases, is the owner of the land. It is an offence for any person to permit the use of his land for the stationing of caravans unless a site licence has been obtained.

It will be appreciated that the itinerant scrap merchants seldom seek the permission of anyone to station their caravans, and in fact the caravans are often stationed on the Corporation's own ground. It is for this reason that no effective action can be taken against this type of caravan dweller under the provisions of the new Act.

It was necessary to conduct an extensive survey throughout the Borough to determine which sites were used permanently for the stationing of caravans. Seventeen sites were noted on which were stationed some thirty caravans. Several of these sites were exempted from the provisions of the Act by virtue of the fact that the caravan was stationed within the curtilage of a private dwellinghouse and was used by members of the family living in the house; other sites were used in connection with building works in progress and were also exempt. When it is appreciated that certain rural districts and seaside authorities have to deal with hundreds of caravans, it will be seen that the problem in Walsall is small.

The remaining sites, which required to be licensed, were the subject of application for site licences which were still under consideration at the end of the year. The conditions to be included in the site licences will be based on the Model Standards for Caravan Sites laid down by the Minister of Housing and Local Government. These cover such matters as density, roads and standings, fire fighting, water supplies, washing facilities and sanitation, storage, car parking and recreation space. The actual conditions for each site will be determined with due regard to the circumstances of each particular case.



Since no site licence can be issued unless planning permission has already been issued in respect of the site, arrangements have been made for all site applications to be considered by the Public Works Committee, and any planning requirements are to be incorporated in the site licences. The recommendations of the Chief Fire Officer will also be included in the site licences.

## **PART 4—FOOD**

The administration of the law relating to food and drugs forms an important part of the duties of a public health inspector. For convenience the subject is dealt with in this report under the following headings: —

- (a) Slaughtering facilities;
- (b) Inspection of Meat;
- (c) Diseases of Animals Act administration;
- (d) Unwholesome food condemned;
- (e) Foods of unsatisfactory quality;
- (f) Milk;
- (g) Ice Cream;
- (h) Food Hygiene;
- (i) Sampling—Food and Drugs Act, 1955.

### **(a) Slaughtering Facilities**

The slaughtering facilities in Walsall consist of two privately owned slaughterhouses in Shortacre Street. The licensee of the slaughterhouses is the Fatstock Marketing Corporation Ltd.

By virtue of The Slaughterhouse Reports (Appointed Day) Order 1959, the 2nd November, 1960 was fixed as the day by which local authorities were required to submit a report to the Ministry of Agriculture, Fisheries and Food on the existing and probable future slaughterhouse requirements of their district. The Slaughterhouse (Reports) Direction, 1959, laid down the particulars to be included in the report.

The Report on Slaughterhouse Facilities in Walsall was laid before the Council on 17th October, 1959 and notice of the submission of the report to the Minister was published in the "Walsall Observer" soon afterwards. The report described the administrative area of Walsall and its probable future development. A list of persons and organisations consulted in the preparation of the report was given.

A description was given of the existing slaughterhouse facilities, with an outline of the structural improvements required to bring the premises up to the standards laid down by construction regulations contained in The Slaughterhouses (Hygiene) Regulations 1958 and The Slaughter of Animals (Prevention of Cruelty) Regulations 1958. It was recommended to the Minister that 1st January, 1962 be the date by which the slaughterhouses should be brought up to the standards laid down in these Regulations.

By the end of the year the attitude of the Minister to the recommendations laid down in the report had not been made known.

## (b) Inspection of Meat

### General Review

During 1960 the carcasses and offals of 79,484 animals were inspected compared with 86,197 animals during 1959, a fall in number of 6,713 animals giving a decrease of about  $7\frac{1}{2}$  per cent. The figures are set out in Table 2 on Page 58.

It will be seen that the reduction in overall kill is accounted for by a drop of about 12,000 in the number of sheep killed, and that there has been an actual increase in the number of cattle and pigs killed. Since sheep are relatively free from disease, and do not take up the same amount of time as is required for the inspection of cattle and pigs, there has been no reduction in the amount of work undertaken by the meat inspectors.

Meat inspection at the slaughterhouse has been carried out during the year by Mr. A. D. Kelly and Mr. J. W. Fairless, with the assistance of Mr. R. J. Moore until his resignation on 31st October.

The weight of diseased meat and offal condemned during 1960 was approximately 91 tons. Tables 1 and 2 on pages 57 and 58 give in outline the forms of disease encountered. A good degree of co-operation is maintained with the Ministry of Agriculture, Fisheries and Food, and the Research Station at Tettenhall gives valuable help in the investigation of unusual or doubtful specimens.

The progress of the tuberculosis area eradication plan, referred to elsewhere in this report, has been so substantial that it is probable that tuberculosis—once the commonest disease found in the slaughterhouse—will soon be a rarity. This does not mean that vigilance can be relaxed, but rather that the standard must be maintained to discover and deal with the first re-appearance of the disease. Already the Ministry of Agriculture, Fisheries and Food have asked that they be notified of any case of Tuberculosis in order that field investigations may be carried out, and there is little doubt that as the years go by this process of notification and field investigation will be extended to other diseases.

### Meat condemned because of Bruising

The weight of meat condemned during the year because of bruising was 4,952 lbs. compared with 5,359 lbs. in 1959. This is the fourth consecutive year in which there has been a drop in the weight of bruised meat condemned and the figure for 1960 is actually less than half the figure for 1957. The figures seem to indicate a considerable improvement in the handling of livestock, since bruising can occur only in the live animal.

### Congenital Tuberculosis in Calves

This is the first year a nil return can be given for tuberculosis in calves, and is probably due to the effect of the tuberculosis eradication plan for cattle.



## Cysticercosis

*Cysticercus bovis* is a parasitic cyst found embedded in the flesh of cattle. It can be transmitted to a person who eats meat infected with the cyst, when it develops into a tapeworm in the human bowel. The virtual elimination of tuberculosis indicates that the attention of the meat industry will no doubt be focussed on *cysticercus bovis*, causing as it does, in the infected carcase serious financial loss.

All meat and offals found to be affected with *cysticercus bovis* were condemned and are listed below. The remaining healthy offals and carcasses were refrigerated for 21 days at 20 degrees fahrenheit to render them safe for human consumption. Condemnations for *cysticercus bovis*:—

Offals	...	...	...	114	} Total Cattle Slaughtered and examined ... 9,424
Part Carcasses	...	...	...	—	
Whole carcasses and all organs				1	

The incidence of *cysticercus bovis* in cattle for this year is 1.18% and is in keeping with the average percentage at Walsall Abattoir of 1.2% over the past 13 years.

No case of *cysticercus cellulosae* was encountered during the year; this being a corresponding condition found in pigs.

*Cysticercus ovis* is a similar condition found in sheep, but which is not transmissible to man. During the year 19 localised cases of *cysticercus ovis* were discovered and one case of a generalised nature which was condemned.

## Casualty and Emergency Slaughtered Animals

Animals which have been involved in accidents, or have been injured or have been in contact with disease, or are suffering from sickness, are received at the slaughterhouse regularly from a very wide area by arrangement with a farmers' marketing organisation which makes provision for the slaughtering of such animals. Altogether 681 such animals were received throughout the year.

## Tuberculosis Area Eradication Plan

The continuation of the tuberculosis area eradication plan, which commenced in the centre of England on a voluntary basis in March 1959, proceeded until March 1960. In this period 29 cattle were admitted to the slaughterhouse for slaughter. The compulsory eradication of tuberculosis in the centre of England started in March 1960 with the introduction of "The Tuberculosis (Central England Eradication Area) Order 1960." By the end of the year, 28 cattle had been admitted to the abattoir for slaughter, all of which had been subjected to tests by Officers of the Ministry of Agriculture, Fisheries



and Food, and had reacted to the tuberculin test. Post-mortem examinations were carried out on all these reactors and reports made to the appropriate Animal Health Division of the Ministry of Agriculture, Fisheries and Food.

The Central England Eradication Area is the last and final phase in the eradication of tuberculosis in cattle throughout the country.

In order to prevent the reintroduction of tuberculous infections into our national herds of cattle, the Ministry of Agriculture, Fisheries and Food cause all cattle imported for immediate slaughter (unless of "accredited," "attested" or "once tested" status) to be licensed from the place of landing to 30 selected slaughtering centres in the country. Walsall has been selected as one of these slaughtering centres.

### Diseased Meat and Offals

During the year the following quantities of meat and offals were found to be diseased, unsound and unfit for human consumption:—

**TABLE 1**

All Diseases except Tuberculosis:—

					T.	C.	Q.	Lbs.
Carcase meat	...	...	...	...	20	4	1	20
Offals	...	...	...	...	60	14	—	15
Tuberculosis only:—								
Carcase meat	...	...	...	...	4	7	—	16
Offals	...	...	...	...	6	6	3	25
					<hr/>			
					91	12	2	20
					<hr/>			

## Meat and Food Inspection Statistics

The following table sets out the number of carcasses inspected, together with particulars of the carcasses or parts thereof condemned, and is in the form required by the Ministry of Agriculture, Fisheries and Food.

### TABLE 2

1960

	Cattle exclud- ing cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ... ..	8,876	548	4,737	41,959	23,364	—
Number inspected ... ..	8,876	548	4,737	41,959	23,364	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI:						
Whole carcasses condemned	9	4	3	78	83	—
Carcasses of which some part or organ was condemned ...	5,977	387	43	9,738	7,549	—
Percentage of the number inspected affected with disease other than tuber- culosis and cysticercci ...	67.46%	71.35%	.97%	23.39%	32.66%	—
TUBERCULOSIS:						
Whole carcasses condemned	8	4	1	—	6	—
Carcasses of which some part or organ was condemned ...	179	45	—	—	508	—
Percentage of the number inspected affected with tuberculosis ... ..	2.11%	8.94%	.02%	—	22%	—
CYSTICERCOSIS:						
Carcasses of which some part or organ was condemned ...	109	5	—	19	—	—
Carcasses submitted to treat- ment by refrigeration ...	109	5	—	—	—	—
Generalised and totally condemned ... ..	1	—	—	—	—	—

Total number of carcasses examined ... .. 79,484

## Slaughterhouse and Meat Inspection Legislation

Two new enactments appeared during the year affecting the work of the slaughterhouse.

The Meat (Staining and Sterilisation) Regulations 1960 close a loophole in the law relating to the handling of diseased meat. The Regulations require that all diseased meat must now be sterilised before it leaves the slaughterhouse, or must be despatched direct to a processor in a locked container. The arrangements in force at the slaughterhouse have been brought into line with the requirements of the Regulations.

The Authorised Officers (Meat Inspection) Regulations 1960 create a new type of officer for meat inspection, who may qualify as a meat inspector without qualifying as a public health inspector. Since such an officer is trained solely in the examination of meat, his employment will be limited to those authorities where full-time meat inspectors are employed, and his field of work will also be limited. It is anticipated that he would work in conjunction with fully qualified public health inspectors in charge of the meat inspection services.

### (c) DISEASES OF ANIMALS ACT ADMINISTRATION

Work under the Diseases of Animals Act 1950 is carried out in the main by the department's whole-time meat inspectors, from the Shortacre Street office. This class of work sometimes involves the service of notices and the visiting of premises outside normal office hours as a result of emergency calls being received either from the police or the officers of the Ministry of Agriculture, Fisheries and Food.

Certain important functions under this Act are carried out by the Veterinary Officers of the Ministry of Agriculture, Fisheries and Food and by the Police. Close and effective liaison is therefore maintained between this department, the Police and the Ministry of Agriculture, Fisheries and Food.

The following routine visits were made under the Diseases of Animals Act and Orders:—

(a) Visits in relation to The Movement of Animals	...	122
(b) Visits in relation to Waste Food Sterilisation Plants		50
(c) Visits in relation to Poultry Premises and Vehicles		
(Disinfection) Order 1956	... ..	55
		—
Total visits	...	227
		—



## Swine Fever

During the year two premises within the Borough were put under movement restrictions for swine fever. Notices were served, and follow-up visits were made until clearance was given by the Ministry of Agriculture, Fisheries and Food.

492 pigs were slaughtered at the abattoir under licence after having been, or suspected of having been, in contact with animals affected with swine fever. These animals consisted of consignments of pigs from 19 producers spread over a very large area.

## Foot and Mouth Disease

Twice during the year Walsall came within a Foot and Mouth Controlled Area in which the movements of cattle, sheep, pigs and goats were restricted and permitted only under licence issued by this department. Altogether 364 producers sent in consignments of livestock to the abattoir under licences.

### (d) UNWHOLESOME FOOD CONDEMNED

The following table gives details of the nature and weight of foodstuffs found to be unfit for human consumption during the year 1960. The bulk of the foodstuffs was surrendered to the Public Health Inspectors at the time of inspection.

	T.	C.	Q.	Lbs.
Meat and Offal (at slaughterhouse, Shortacre Street) ... ..	91	12	2	20
Tinned and other foods ... ..	2	19	3	12
Total ...	94	12	2	4

### (e) FOODS OF UNSATISFACTORY QUALITY

Members of the public brought to this department during the year a number of articles of food in an unsatisfactory condition when sold or delivered to them. The following list sets out those foods, together with the condition of complaint:—

FOODSTUFF	UNSATISFACTORY CONDITION
Tinned fruit ... ..	Rubber stamp
Loaf of bread ... ..	Piece of metal
Malt Loaf ... ..	Piece of cardboard
Chocolate confectionery (2) ...	Larvae of insects
Bottles of milk ... ..	Fragments of glass
Damson Pie ... ..	Cockroach
Peanuts, shelled, prepacked ...	Mice droppings
Cornflakes ... ..	Weevil
Tinned tomatoes ... ..	Small green lizard

The condition of these foodstuffs was in all cases brought to the notice of the vendor and the manufacturer or importer. Wherever possible the premises concerned were inspected.

The explanation of the producer or importer of the article is obtained and where necessary the Authority in whose area the producer or importer have their premises is approached. In many cases it is found that the firms concerned have modern premises which they seek to operate in the best possible manner. Some momentary carelessness on the part of an employee—which is left unreported by the employee—or some mechanical breakdown, or the introduction of contaminated material into the factory, can render useless all the care taken. The problem of glass in milk bottles is a perennial problem and one to which there is no easy solution, whilst glass milk bottles remain in use.

The dairy industry, despite a great deal of research, have not yet found the ideal alternative to the glass milk bottle, although there are hopes of the development of a non-returnable container in the next few years. The advantages to the public and the dairy interest of such a container would be considerable. The danger of glass in the milk would be eliminated, expensive collection of empty dirty bottles would be ended and the whole of the dairy's bottle washing section could be scrapped. At the same time much of the characteristic noise associated with any dairy or milk depot would disappear.

Although the difficulties of the manufacturers and vendors of foodstuffs are appreciated by the Department, all food complaints are investigated quite impartially and the report on the investigation is made to the Health Committee.

It is sometimes found, however, in the course of investigations into food complaints, that although there has been carelessness in handling the food, or the food preparation premises are unsatisfactory, the chain of evidence covering the time from the production of the food to its purchase by the customer is incomplete. In those circumstances no legal proceedings are possible. In all the food complaints received during 1960 the Health Committee, after full consideration of the reports received, decided to deal with the offences by the issue of warnings to the firms concerned.

#### (f) MILK

##### Sampling

92 samples of milk bought from dairymen delivering within the Borough were examined by the Public Analyst who reported that all samples were satisfactory. The average composition of the samples compared with the presumptive standard was as follows:—

		Percentage		Percentage	
		Milk Solids		Fat	
		not fat		Fat	
Presumptive Standard	...	8.50%	...	3.00%	
All 92 milk samples	...	8.75%	...	3.77%	
Channel Islands Milk	(19				
samples)	...	9.04%	...	4.51%	(Minimum 4.00)
Milk other than Channel					
Islands milk	(73				
samples)	...	8.68%	...	3.58%	



## Inspection of Dairies

Frequent visits were made to the two dairies which process and bottle milk. Plant, instrumentation, cleanliness and general conditions were found to be satisfactory. Dairies which are used solely for storage and distribution were also satisfactory.

Milk bottles from bottle washing machines at the processing dairies were taken in batches of 6 on 28 occasions for bacteriological examination. On 24 occasions the average mean bottle count was satisfactory (below 600), on 2 occasions fairly satisfactory (between 600 and 2,000) and on 2 occasions unsatisfactory (above 2,000). The bottle count is calculated on a 1-pint bottle.

## Milk (Special Designations) Regulations 1960

The 1949-1954 Regulations were revoked by the new Milk (Special Designations) Regulations 1960, which consolidated and re-enacted with amendments the previous Regulations, and came into operation on 1st October 1960.

532 samples of milk were taken to the Public Health Laboratory, Stafford, and the results are tabulated on page 66 in Table 4.

397 samples were examined by the Methylene Blue Test. By reason of the atmospheric shade temperature at the Laboratory exceeding 65°F. during the compulsory holding time, 56 of these samples were declared "Void." Of the remaining 341 samples, 2 of T.T. Channel Islands Milk (farm bottled) and 4 of T.T. milk (Pasteurised) failed to satisfy the Methylene Blue test, which is 1.7% of the samples tested.

The 4 samples of T.T. Milk (Pasteurised) which failed the Methylene Blue test were taken from an automatic vending machine and, in at least two cases, faulty refrigeration was the cause. One of these samples also failed to satisfy the Phosphatase test. Use of this automatic vending machine has now been discontinued.

In order to ascertain if pasteurisation has been carried out effectively and that the pasteurising plant was working efficiently, 378 samples were submitted for examination by the Phosphatase test. The only unsatisfactory result is mentioned above, and this was not due to plant failure, but to carelessness in the use of the hand operated filling machine for cartons.

## Biological Tests

40 samples of raw milk were taken at local farms and examined at the Public Health Laboratory, Stafford, by biological tests. All samples gave negative results.



**(g) ICE CREAM****Ice Cream (Heat Treatment) Regulations 1959**

For this year's results on samples of ice cream on which the Methylene Blue test has been made, see Table 3 on page 65. It will be noticed that of the 120 samples examined a larger number fell into Grades 3 and 4 than did for the previous year. This was partly due to a number of check samples, taken during and after a plant run, falling into Grade 4 due to faulty cleansing and sterilisation routine.

**Food Standards (Ice Cream) Regulations 1959**

The chemical standard of all 25 ice-cream samples examined by the Public Analyst satisfied the requirements of the above regulations. Five of these samples were of Dairy Ice Cream. The average composition of the samples, which is well above the minimum requirement, compares as follows:—

	Milk Solids other than Fat	None Milk Fat	Milk Fat and no other Fat
Standard ... ..	7½%	5%	5%
Dairy Ice Cream ... ..	11.8 %	—	11.9%
Ice-Cream containing non- milk Fat ... ..	11.74 %	9.83%	—

**(h) FOOD HYGIENE**

Once again it has to be reported that staff shortages coupled with pressure of work, have prevented the proper enforcement of the Food Hygiene Regulations. By the end of the year, however, the staffing position of the Department shows hope of improvement by reason of the pending return of two Inspectors from their period of National Service. In anticipation of a better staffing position during 1961 the hope is expressed that this important part of the Department's work may receive adequate attention.

At the present time, visits to food premises are mainly confined to premises involved in some form of food complaint from the public, or premises which are visited in the course of routine sampling. The meat inspectors maintain the routine inspection of butchers' shops, when not engaged on meat inspection duties at the Abattoir.

During the year the Food Hygiene (General) Regulations 1960 came into force. These re-enacted the Food Hygiene Regulations 1955-57 and made several minor but important amendments to the original Regulations.

## (i) SAMPLING—FOOD AND DRUGS ACT 1955

The Public Analyst examined and made analysis of 231 samples of various foods sold in local shops. Of these samples, 5 were reported as being unsatisfactory, equivalent to 2.1% of the total samples. Reports on these unsatisfactory samples are summarised as follows:—

Sample Serial No.	Description	Nature of Contravention	Action taken
109	Casserole Steak	Low Meat Content 85%	Details sent to Ministry of Agriculture, Fisheries and Food, to the Association of Municipal Corporations and to the Importers concerned.
117	Casserole Steak	Low Meat Content 72%	
114	Casserole Steak	Low Meat Content 66%	
124	Casserole Steak	Low Meat Content 73%	
177	Glaze Cherries	Labelling omission	Letter to firm packing (new container issued was satisfactory).

## Detailed List of Samples

(Except where otherwise indicated, one sample of each commodity was taken).

Almond Marzipan 3; Beef Burgers; Beef Steak with Gravy; Beef Steakettes; Bread; Casserole Meat; Casserole Steak 4; Chicken Pie; Chicken and Veal Pie; Christmas Pudding; Dairy Cream Sponge; Glaze Cherries 6; Ground Almonds 10; Ground Ginger, Ground Nutmeg; Hamburg Steaks; Ice Cream 25; Marzipan 2; Meat Pie 2; Meat and Potato Pie; Milk 92; Mixed Peel 8; Mixed Spice 2; Pork Pies 18; Puff Pastry 2; Sausage Rolls 6; Self Raising Flour 11; Shortcrust Pastry; Steak Pie 2; Steak and Kidney Pie 11; Steaklets; Stewed Steak 8; Stewed Steak with Gravy 4.

TABLE 3

## RESULTS OF ICE CREAM SAMPLES 1960

## METHYLENE BLUE REDUCTION TEST

Classification	No. of samples	Percentage of total samples	Number in each Grade				Percentage in each Grade			
			Grade 1	Grade 2	Grade 3	Grade 4	Grade 1	Grade 2	Grade 3	Grade 4
Local Manufacture (Heat Treated)	65	54.17%	38	8	8	11	58.46%	12.31%	12.31%	16.92%
Local Manufacture (Cold Mix)	7	5.83%	7	—	—	—	100.00%	—	—	—
Local Manufacture (Totals)	72	60.00%	45	8	8	11	62.50%	11.11%	11.11%	15.28%
Other Manufacture	48	40.00%	47	1	—	—	97.92%	2.08%	—	—
All Samples (Totals)	120	100.00%	92	9	8	11	76.67%	7.50%	6.67%	9.16%

Year	Grades 1 & 2		Grades 3 & 4		No. of Samples	
1956	...	% 91.75	...	% 8.25	...	109
1957	...	81.71	...	18.29	...	82
1958	...	86.80	...	13.20	...	106
1959	...	87.74	...	12.26	...	106
1960	...	84.17	...	15.83	...	120



**TABLE 4**  
**THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1949 TO 1954 & 1960**  
**BACTERIOLOGICAL EXAMINATION OF MILK, RESULTS FOR 1960**

MILK DESIGNATION	SUMMARY OF RESULTS				PRESCRIBED TESTS				BIOLOGICAL TESTS	
					Methylene blue		Phosphatase		Turbidity	
	Satis- factory	Unsatis- factory	Void *	Total	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
T.T. Channel Islands (farm bottled) ..	17	2	—	19	17	2	—	—	—	—
T.T. Channel Islands (Pasteurised) ..	48	—	7	55	48	—	55	—	—	—
T.T. (Pasteurised) Pasteurised ..	97	5	16	118	98	4†	117	1‡	—	—
(Channel Islands) Pasteurised ..	14	—	3	17	14	—	17	—	—	—
Pasteurised (Schools Milk) Sterilised ..	83	—	12	95	83	—	95	—	—	—
T.T. (Bulk) Undesignated (Bulk) ..	75	—	18	93	75	—	93	—	—	—
	95	—	—	95	—	—	—	—	95	—
	24	—	—	24	—	—	—	—	—	24
	16	—	—	16	—	—	—	—	—	16
TOTALS ..	469	7	56	532	335	6	377	1	95	40

\* Samples declared "Void" by reason of atmospheric shade temperature exceeding 65°F. at the Laboratory.

† Milk in cartons, from automatic vending machines: refrigeration failure. Use of automatic vending machine now discontinued.

‡ Milk in carton, hand filled.

## PART—5—WATER AND SEWERAGE

### (a) Water

The South Staffordshire Waterworks Company supply the whole of the County Borough of Walsall with its mains water supply. There are also boreholes in use which supply two local factories. Of 38 samples of water obtained from these boreholes, one sample was unsatisfactory, but further samples were satisfactory.

Samples of mains water are taken both by the officers of the Health Department and the Company, for bacteriological and chemical examination. The following information is supplied by the Engineer-in-Chief of the South Staffordshire Waterworks Co.

“The water supply to the County Borough of Walsall has been satisfactory in quality and quantity. The supply is derived from Pumping Stations outside the boundaries. The Pumping Stations are examined regularly and, where treatment is installed bacteriological examinations of the raw water are also carried out.

“During 1960 routine samples were examined within the County Borough from the Walsall Reservoirs, Daisy Bank Crescent, Walsall, the Company's Depot in Bridgeman Street and from the Pinfold at Bloxwich.

“30 samples from Walsall Reservoirs, 15 from Daisy Bank Crescent, Walsall, 30 from Walsall Depot and 15 from Bloxwich were all free from coliform bacteria.

“The average chemical results for 1960 of the tap samples from Daisy Bank Crescent, Walsall and Walsall Depot were:—\*

	Daisy Bank Crescent		Walsall Depot	
	Walsall	Hednesford	Lichfield	
pH ... ..	7.0	7.4	7.4	
Alkalinity ( $\text{CaCO}_3$ ) ... ..	81	111	119	
Chlorides (Cl) ... ..	23.1	49.8	48.2	
Ammoniacal Nitrogen (N) ... ..	.031	Trace	Trace	
Albuminoid Nitrogen ... ..	.076	.032	.038	
Oxidised Nitrogen (N) ... ..	3.0	2.9	3.0	
Oxygen absorbed (3 hr. at. 27°C) ... ..	.89	.38	.45	
Temporary Hardness ... ..	77	106	114	
Permanent Hardness ... ..	128	72	87	
Total Hardness ... ..	205	178	201	
Iron (Fe) ... ..	.02	.04	.14	
Manganese (Mn) ... ..	.02	Nil	.01	
Poisonous Metals (Cu & Pb) ... ..	Nil	Nil	.05	
Free Chlorine ... ..	Trace	Nil	Nil	

\* Figures given in parts per million.

“The waters are not liable to plumbo-solvency, all the samples examined being free from any appreciable quantity of lead.

“Chlorination is practised, as a precautionary measure, at most of the Pumping Stations.

“In cases of possible contamination in the event of burst or damaged mains, emptying reservoirs, etc., emergency chlorination is performed. Special apparatus and staff are available for this work. New mains etc. are not brought into use until the water has been examined and pronounced satisfactory.

“The number of houses with a piped water supply in the County Borough of Walsall at 31st December 1960 was 36,754. The number of houses supplied from outside taps last year was 215; these houses are included in the total of 36,754.”

### **(b) Sewerage**

M. E. Habershon Esq., O.B.E., M.Eng., Borough Engineer and Surveyor, has written the following note with respect to sewerage:—

“The Northern part of Walsall drains to Goscote Joint Sewage Works, which also serves Aldridge Urban District. The completion of the extensions of this sewage works in 1960 has removed the overloading of the previously existing works, and the effluent from the works is satisfactory. The construction of the Valley Road Relief Sewer has also removed a source of flooding and though some minor flooding may occur under very heavy rain, in general the sewerage and arrangements for sewage disposal for this Northern area of Walsall may be regarded as adequate.

“The Central and Southern districts of Walsall drain to the Brockhurst Sewage Works. This works is now overloaded, and a dry weather flow of approximately 6.15 million gallons per day is arriving at this sewage works which has a design capacity of 4 million gallons dry weather flow per day. The design of extensions to this sewage works is now in hand, and it is intended to raise the capacity to 8 million gallons per day dry weather flow. Subject to Ministry approval it is hoped to proceed with the construction of this project as soon as possible.

“Under heavy rainfall flooding occurs in certain parts of the Central area of Walsall, notably in Bridgeman Street and the railway station area. Although this flooding fortunately occurs only on rare occasions, it can cause great inconvenience and damage. A consultant's report on the main drainage of this part of Walsall has already been obtained and it is evident that certain sewers are in need of reconstruction. Redevelopment of some areas in or near the centre of Walsall is now under consideration and the question of constructing new sewers and abandoning certain parts of the old system has now to be considered. The improvement of the drainage of the Central area of Walsall will be a major project and will possibly be put in hand when the extensions to Brockhurst Sewage Works have been designed.”



## **PART 6—ATMOSPHERIC POLLUTION**

During the year the department has worked in close co-operation with the industrialists in the town where any problem of atmospheric pollution from the emission of smoke, dust and grit has arisen. In addition, the department has sought to prevent nuisances arising from any proposed new installations.

As, in the past, plans of industrial or commercial premises were inspected, with a view to ascertaining any potential nuisance. Of 150 plans inspected, 21 involved installations which might give rise to smoke emissions, 2 to dust or grit emissions and 14 to fume escapes. Improvements in plant installations and siting, and modifications to chimney heights were made following recommendations.

### **Improvements in Industrial Fuel Burning Plant**

Certain industrialists in the town have modernised their plant by the installation of new boilers with automatic stokers, and one firm in the town centre has installed chain grate stokers to their boiler, thus eliminating a frequent and serious source of smoke emission.

### **Dust and Fume Control**

The question of "practicable means" for the prevention of grit and dust emission is constantly under review, and one large firm has replaced its dust extraction equipment with a new and more efficient plant.

The phrase "practicable means" is the legal yardstick laid down by the Clean Air Act 1956, to be used by local authorities in determining the measures to be taken to reduce the emission of grit and fumes from furnaces. The phrase is further defined by the Act and it is found that this yardstick of "practicable means" has to have regard to "local conditions and circumstances, to the financial implications and to the current state of technical knowledge."

With these considerations in mind, all the iron foundries in the town have been visited and where practicable have been requested to provide wet-type arresters to their cupolas. The reaction so far is fairly satisfactory and several proposals are in hand.

As in previous years, there has been close co-operation between this Department and the Alkali Works Inspectorate and several joint visits have been made to the various registered processes in connection with grit and fume nuisances.

## **Clean Air Act, 1956**

### **(a) Smoke Control Areas**

The Council made three Smoke Control Orders during the year in respect of—

- (1) The Lower Farm Estate, which covers  $54\frac{1}{2}$  acres and which, when completed, will have 732 premises.
- (2) The Orlando Street Redevelopment, covering 4 acres and intended to consist of 169 flats and maisonettes.
- (3) The Brookhouse Estate Extension, designed to cover  $95\frac{1}{2}$  acres and to include 500 dwellings.

The Orders were subsequently confirmed by the Minister of Housing and Local Government and will come into force on 1st August 1961.

The preliminary survey of the central area of the town is still in progress.

During the year two circulars on smoke control were issued by the Minister of Housing and Local Government. The first, Circular No. 28/60 issued on 7th July 1960, dealt with the vexed question of the use of sticks and paper for lighting fires in smoke control areas. The circular stated that there was little doubt that gas ignition was the best method of igniting coke, and nothing in the circular was intended to discourage the use of gas for fire lighting in smoke control areas. The circular went on to say, however, that where no gas was readily available, or people had a rooted objection to the installation of gas in their houses, the kindling of fires with sticks and paper could be accepted. The Minister expressed the view that alternative means of igniting fires smokelessly would come on to the market and devices for using bottled gas were mentioned. Since the date of the circular there has also been put on to the market an efficient electrical fire lighter. A further obstacle in the way of introducing smoke control areas has thus been removed.

The second, Circular No. 38/60 issued on 29th July 1960, set out the five year programme of local authorities intending to form smoke control areas, with particular reference to the black areas. Local authorities in the black areas were invited to review the progress they had made.

### **(b) Industrial Premises**

During the year 17 notifications of intention to install fuel burning equipment were received, as required under Section 3(3) of the Act, and in two cases the Council's prior approval under Section 3(2) of the Act was requested and granted.

Several visits were made and verbal warnings given to firms who infringed the Dark Smoke (Permitted Period) Regulations.



## Measurement of Air Pollution

Details of the results of chemical analyses of the content of the deposit gauges and lead peroxide instruments are set out in Tables 5, 6 and 7 on pages 73, 74 and 75 and in the form of graphs on pages 76, 77, 78 and 79.

Of the six deposit gauges, five show a slight increase in pollution as compared with last year. It must be remembered, however, that the rainfall for the year was much higher than average and this factor, together with the undoubted greater amount of fuel used in domestic grates because of the inclement weather, no doubt accounts for the increase.

The volumetric apparatus, which can be regarded as a much more reliable indicator of atmospheric pollution, shows that on the average the amount of suspended impurity in the town has not increased since last year. In this instrument a known quantity of air is bubbled through a solution of hydrogen peroxide over a period of 24 hours. By a simple chemical examination, every day, the amount of sulphur in the atmosphere can be determined. The lead peroxide candle serves a similar purpose in that a cylinder coated with lead peroxide is exposed to the air for a month and the chemical change taking place in the lead peroxide indicates the sulphur in the atmosphere. In this case, however, the analysis has to be carried out by a chemist. Both the volumetric apparatus and the lead peroxide candle show a marked increase in the amount of sulphur dioxide in the atmosphere.

It is interesting to note that the amount of smoke present in the atmosphere during the six winter months of January, February, March, October, November, December, as indicated by the volumetric apparatus, is approximately double that present during the six summer months, of April, May, June, July, August, September, viz:—

WALSALL—

19 Milligrams/100 cu. metres against 10 Milligrams/100 cu. metres.

BLOXWICH—

18 Milligrams/100 cu. metres against 8 Milligrams/100 cu. metres.

Similarly, the amount of Sulphur Dioxide present during the winter is double that present during the summer:—

WALSALL—

10.4 pts/100 million against 5.1 pts/100 million.

BLOXWICH—

6.5 pts/100 million against 2.9 pts/100 million.

This difference is almost entirely due to the pollution from domestic fires and emphasises the need for the extension of Smoke Control Areas to cover the whole of the Borough.



The Department continues to co-operate with the Department of Scientific and Industrial Research and the monthly results are forwarded to that Department for collation in the national figures. During the year the Department of Scientific and Industrial Research reviewed the system which had been established over the years whereby a considerable number of authorities co-operated in maintaining pollution research instruments. It had become recognised that two of the instruments commonly used in this research work—the deposit gauge and the lead peroxide candle—had severe limitations in their usefulness. Both instruments were inclined to give variable readings and to be too much affected by immediate local conditions. It was decided that some more standardised method must be adopted if figures between different parts of the country were to be compared. A chosen number of authorities was asked to participate in a carefully arranged scheme using the volumetric apparatus and smoke filters as the basic instruments for the research programme. Walsall has agreed to co-operate in this programme and it is anticipated that five stations will be set up during 1961.

I am indebted to the Sewage Works Manager (Mr. J. P. Barnes, B.Sc.) and his staff for carrying out all the chemical analyses in connection with atmospheric pollution control and to Mr. J. C. W. Day, F.R.Met.Soc., for supplying meteorological information.

TABLE 5

## DEPOSIT GAUGES—RECORDS OF DEPOSITS, 1960

Deposits in tons per square mile per month

Month	Bloxwich (Station St.)	North (Transport Depot)	Central (Hatherton Road)	East (Sutton Road)	South (Brockhurst)	South-West (Alumwell School)
Jan.	17.62	22.16	23.39	14.48	14.35	14.38
Feb.	16.10	23.54	21.21	10.25	10.25	11.70
Mar.	15.10	22.95	18.20	14.37	9.89	14.11
April	10.83	24.44	19.86	4.61	8.16	9.94
May	13.19	20.55	16.57	13.66	11.64	6.06
June	8.26	—	21.73	12.34	12.34	6.20
July	—	—	19.80	9.84	9.99	17.84
Aug.	24.44	26.79	26.89	15.62	17.87	17.98
Sept.	16.41	18.50	20.40	12.30	12.63	9.78
Oct.	17.25	20.94	20.62	13.81	12.23	17.14
Nov.	27.36	34.78	20.42	10.94	13.37	11.10
Dec.	17.68	18.39	19.57	10.95	11.56	8.47
Totals	184.24	233.04	248.66	143.17	144.48	144.70

## MONTHLY AVERAGES: —

1960	... 16.75*	23.30**	20.72	11.93	12.04	12.06
1959	... 15.03	17.73	19.60	12.56*	11.61	11.69
1958	... 15.31*	19.88	20.85	9.56*	11.68	10.91
1957	... 20.11	22.05	19.69***	9.44	13.81	13.55**

\* Averages for 11 months only.

\*\* Averages for 10 months only.

\*\*\* Averages for 9 months only.

1960 Average for whole town	...	...	16.12 tons/sq. mile/month
1959 Average for whole town	...	...	14.70 tons/sq. mile/month
1958 Average for whole town	...	...	14.70 tons/sq. mile/month
1957 Average for whole town	...	...	16.44 tons/sq. mile/month

TABLE 6

## Lead Peroxide Gauges—Record of Sulphur Pollution, 1960

Weight of Sulphur Trioxide collected expressed in Milligrammes of SO<sub>3</sub> per 100 square centimetres per day.

Month	Blox-wich	North (Trans- port)	Central (Hather- ton Rd.)	East (Sutton Road)	South (Brock- hurst)	Blox- wich Road	Manor Hospital	Dartmouth Avenue	Trees Road
Jan.	3.63	4.95	4.31	1.24	3.92	3.01	3.43	1.91	2.44
Feb.	3.39	4.70	4.28	1.72	3.96	3.09	3.94	2.55	2.90
Mar.	2.90	3.41	3.26	1.40	2.80	2.38	3.97	1.72	1.67
April	2.88	3.20	3.44	1.09	3.43	2.35	2.26	1.61	1.75
May	2.14	1.94	2.06	0.62	1.98	1.61	1.09	1.01	2.10
June	1.56	1.89	1.82	0.55	1.63	1.25	1.65	1.22	0.74
July	1.66	1.78	1.88	0.34	2.15	1.30	0.83	0.89	0.71
Aug.	1.80	1.89	2.21	0.56	0.75	1.90	1.48	0.98	1.06
Sept.	2.26	2.19	2.46	0.77	2.20	1.86	2.49	1.67	1.46
Oct.	3.08	3.57	3.80	1.32	2.82	2.30	3.16	1.64	1.65
Nov.	5.37	5.67	4.37	1.42	3.78	3.82	3.62	2.78	2.68
Dec.	4.71	4.88	5.10	1.94	4.67	3.79	4.06	2.88	3.17
Total	35.38	40.07	39.05	12.97	34.09	28.66	31.98	20.86	22.33

## Monthly Average (Crude)

1960	2.95	3.30	3.25	1.08	2.84	2.39	2.66	1.74	1.86
1959	2.67	3.03*	2.88	1.01	2.53	2.13	2.44	1.66**	1.54
1958	3.11	3.06	3.14	0.95*	2.60	2.07	2.24	1.63	1.55
1957	3.39**	3.84	3.45**	1.01	2.60	2.24	2.45	1.75	1.93**

\* Averages for 11 months.

\*\* Averages for 10 months.

1960 Average for whole town	...	...	2.45 M.Gms./100 sq. cms./day
1959 Average for whole town	...	...	2.21 M.Gms./100 sq. cms./day
1958 Average for whole town	..	...	2.26 M.Gms./100 sq. cms./day
1957 Average for whole town	...	...	2.52 M.Gms./100 sq. cms./day

## ANNUAL RAINFALL

1960	...	...	...	39.89 inches
1959	...	...	...	26.01 inches
1958	...	...	...	34.39 inches
1957	...	...	...	27.97 inches



TABLE 7

## VOLUMETRIC METHOD—RECORDED DAILY

Suspended Impurity (Smoke) Expressed as Milligrammes per 100 cubic metres of air.

Sulphur Dioxide expressed as parts per 100 million by volume.

## MONTHLY AVERAGES 1960

			Walsall			Bloxwich		
			Smoke	Sulphur	Dioxide	Smoke	Sulphur	Dioxide
January	...	16		9.9	...	20		6.4
February	...	16		11.0	...	19		6.9
March	...	15		7.1	...	13		5.3
April	...	14		7.7	...	11		4.4
May	...	10		5.2	...	9		3.8
June	...	7		3.7	...	5		2.3
July	...	8		3.6	...	5		1.6
August	...	10		4.4	...	7		2.2
September	...	13		6.2	...	11		3.3
October	...	18		8.9	...	16		4.9
November	...	22		11.7	...	18		7.3
December	...	26		13.9	...	22		7.9

Average for year—

1960	...	15		7.8	...	13		4.7
1959	...	15		6.4	...	11		3.0
1958	...	16		5.7	...	—		—
1957	...	20		8.0	...	—		—

1960 Average for Summer Months (April to Sept.)—

10		5.1	...	8		2.9
----	--	-----	-----	---	--	-----

Average for Winter Months (Jan.-Mar. & Oct.-Dec.)—

19		10.4	...	18		6.5
----	--	------	-----	----	--	-----

# VOLUMETRIC METHOD—WALSALL TOWN CENTRE

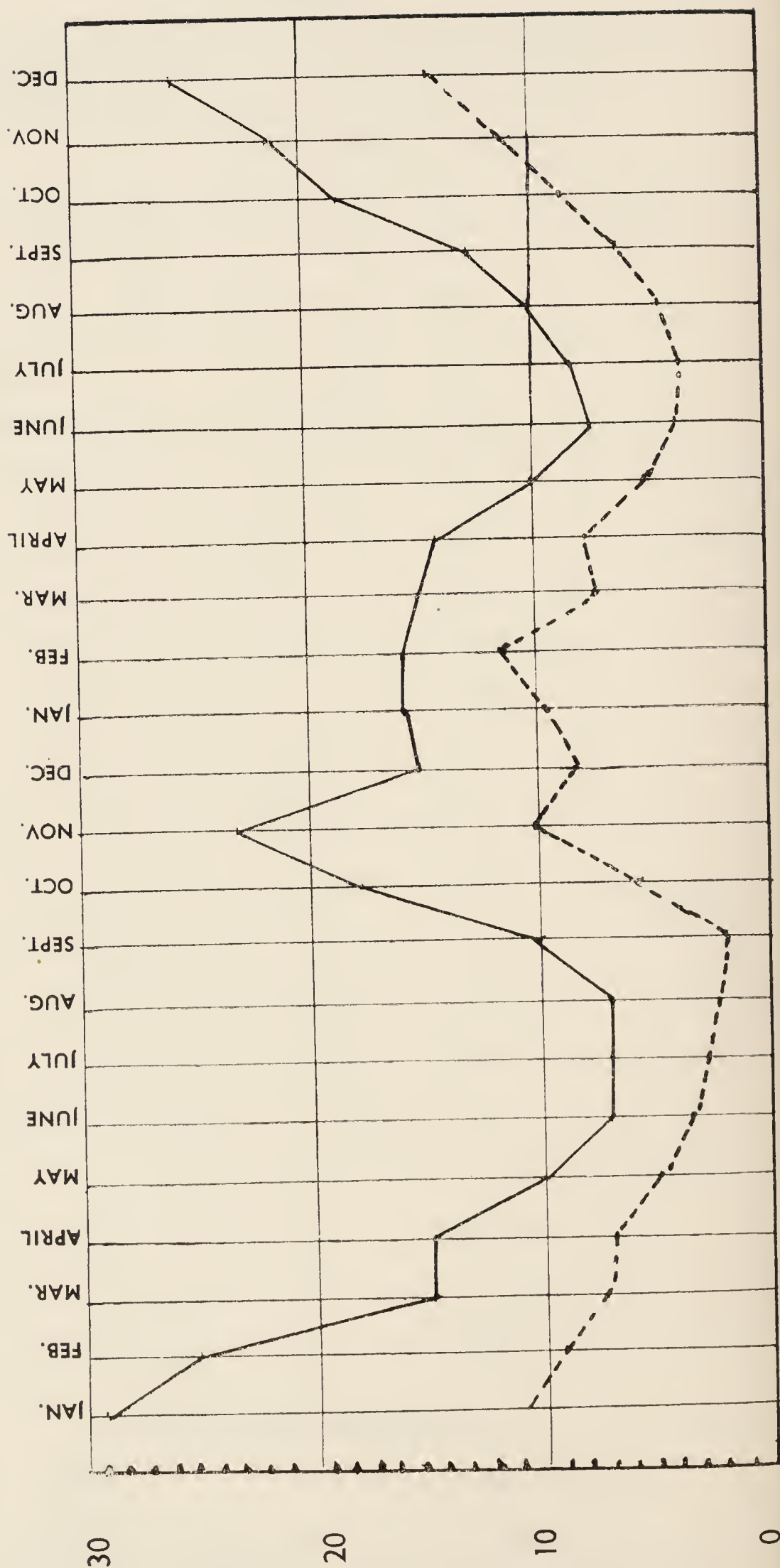
MONTHLY AVERAGES FOR 1959—60

— SUSPENDED IMPURITY (SMOKE) EXPRESSED AS MILLIGRAMMES/100 CU. METRES.

..... SULPHUR DIOXIDE EXPRESSED AS PARTS PER 100 MILLION.

1960

1959



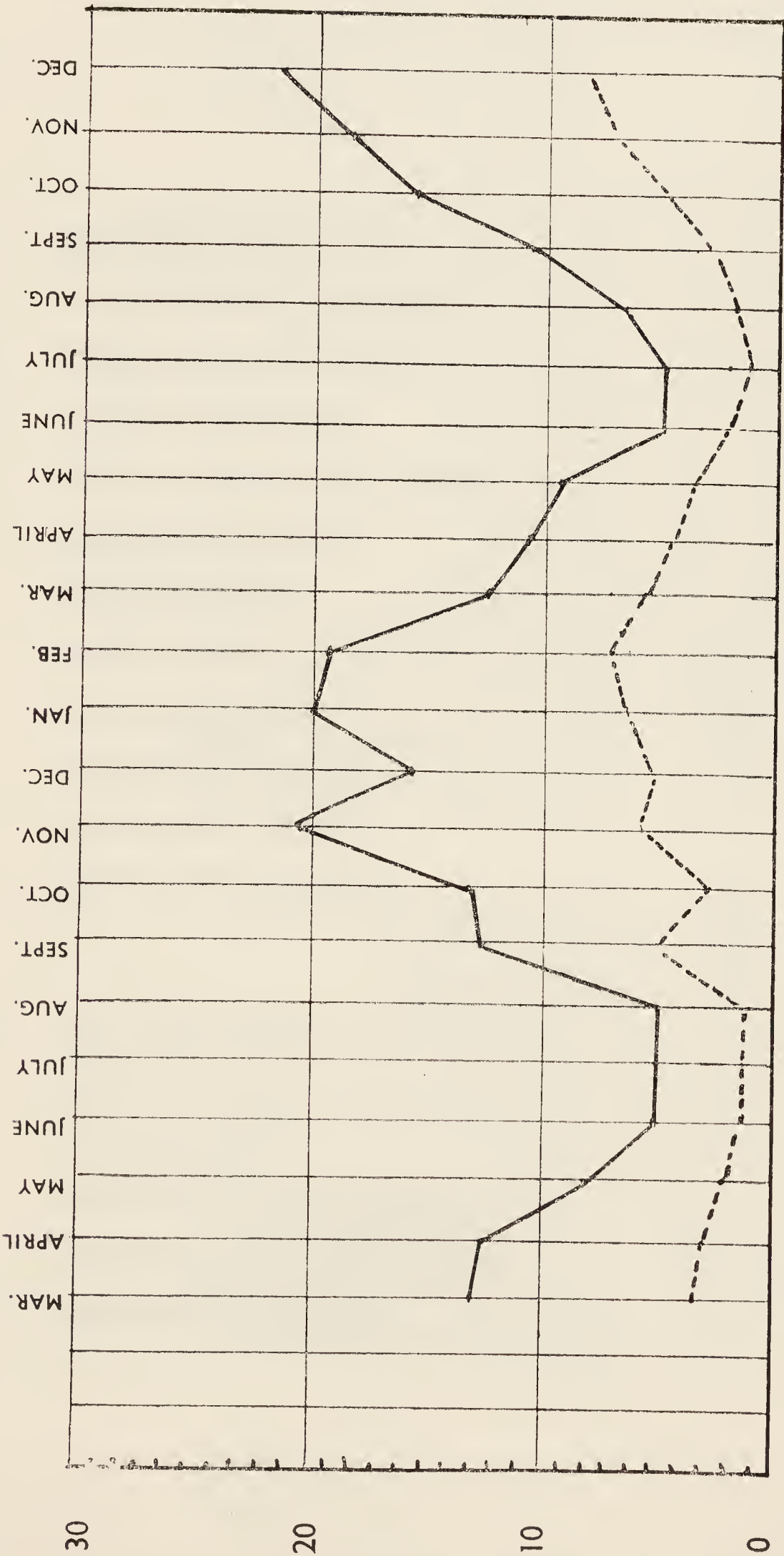
VOLUMEIRIC METHOD—STATION STREET, BLOXWICH

MONTHLY AVERAGES FOR 1959—60

..... SUSPENDED IMPURITY (SMOKE) EXPRESSED AS MILLIGRAMMES/100 CU. METRES.  
—— SULPHUR DIOXIDE EXPRESSED AS PARTS PER MILLION.

1959

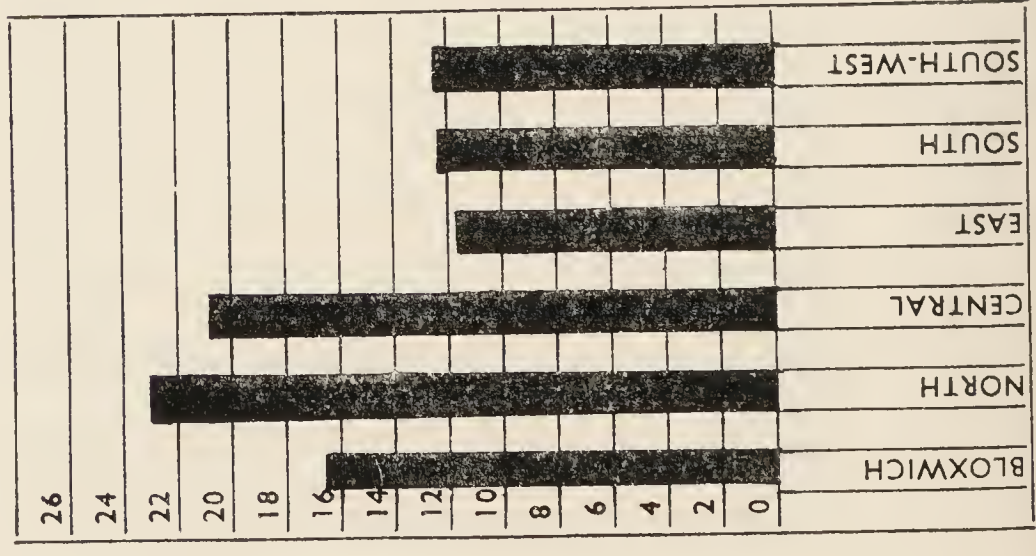
1960





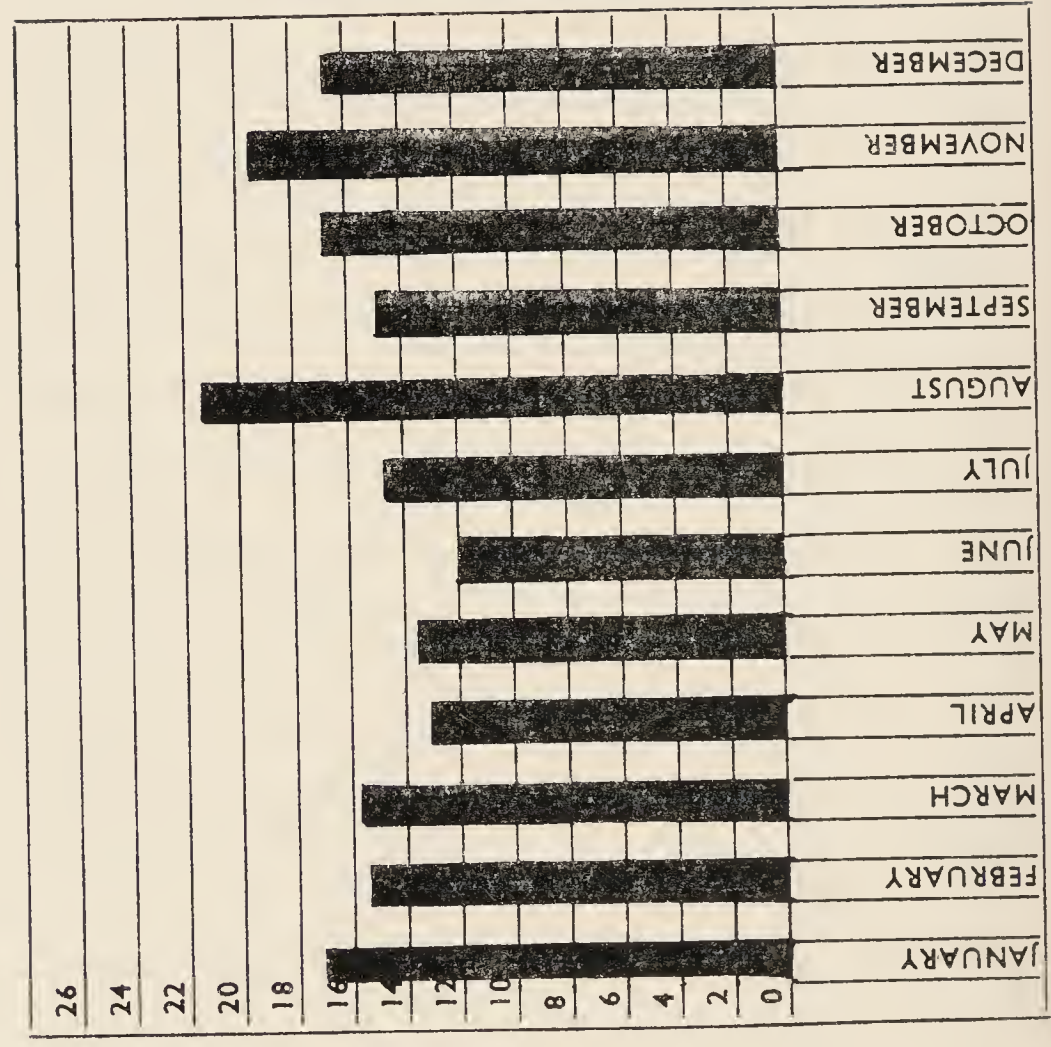
# DEPOSIT GAUGES 1960

DISTRICT INCIDENCE  
(AVERAGES)



TONS/SQ.  
MILE PER  
MONTH

SEASONAL INCIDENCE  
(AVERAGES)

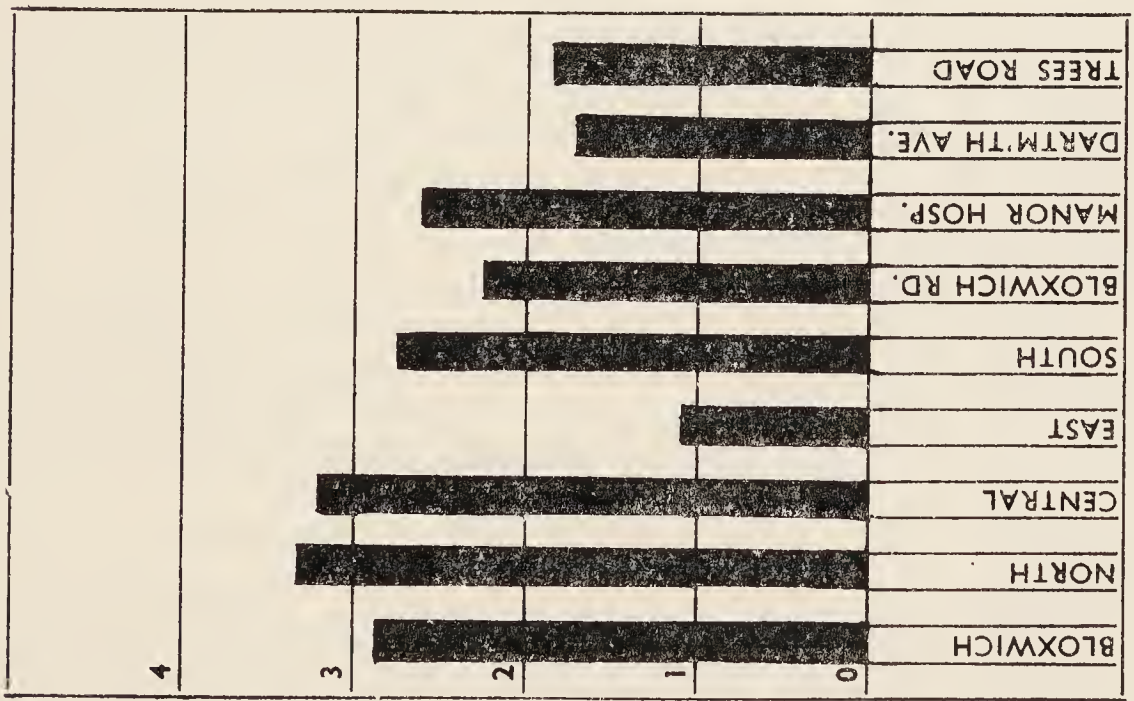


SEASONAL  
AVERAGES  
FOR WHOLE  
OF TOWN

TONS/SQ.  
MILE PER  
MONTH

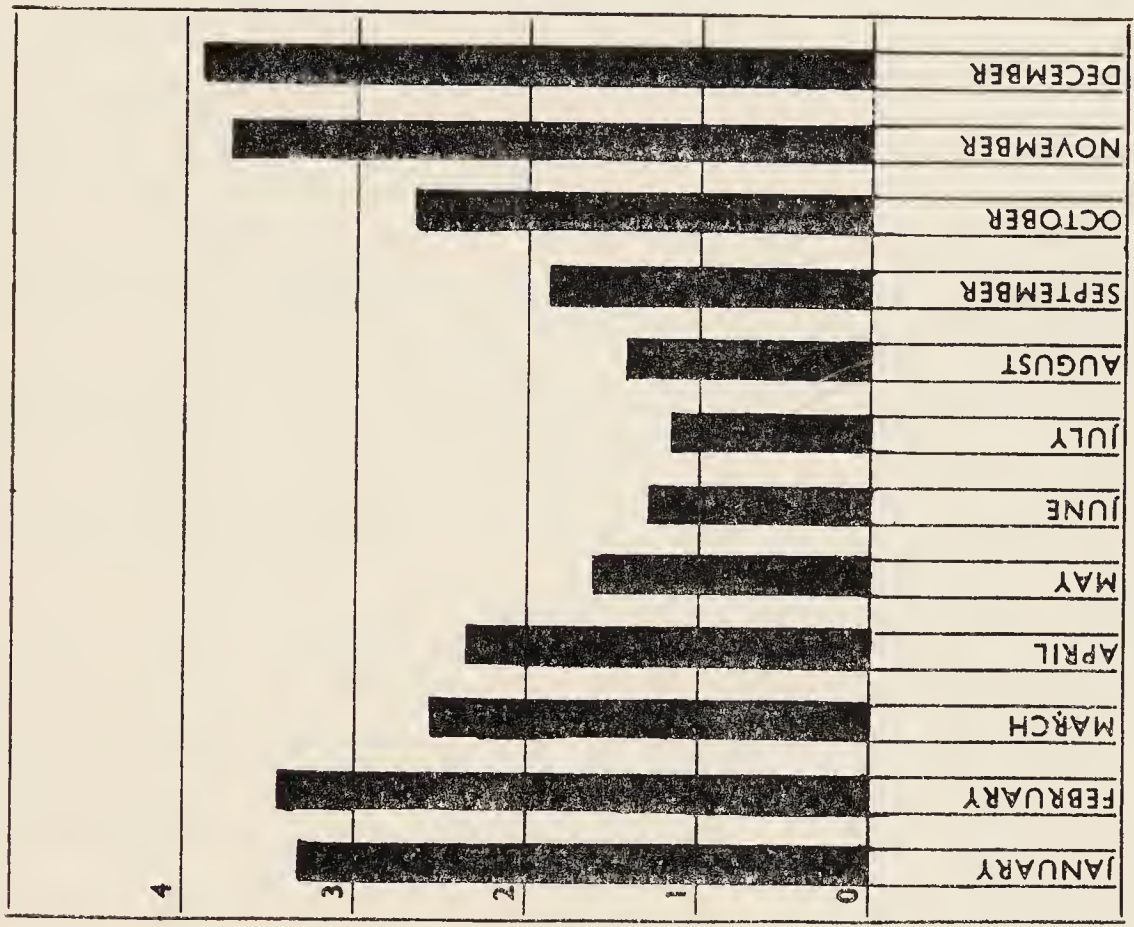
LEAD PEROXIDE GAUGES 1960  
(SULPHUR DIOXIDE)

DISTRICT INCIDENCE  
(CRUDE AVERAGES)



M. GRAMS.  
SO<sub>3</sub>/100 SQ.  
CMS./DAY

SEASONAL INCIDENCE  
(AVERAGE)



SEASONAL  
AVERAGES  
FOR WHOLE  
OF TOWN  
  
M. GRAMS.  
SO<sub>3</sub>/100 SQ.  
CMS./DAY



## PART 7—DISINFESTATION AND DISINFECTION

### Disinfestation of Premises and Furniture

The practice of previous years is continued of arranging that all removals from condemned property are carried out by the Health Department, using a specially designed fumigation van in which the furniture is treated by hydrogen cyanide gas.

With, however, the improved conditions found in condemned houses and the steady decline in verminous conditions, particularly bed-bug infestations, together with the difficulties in maintaining a reserve staff of fully trained H.C.N. operators, some review of this policy may become necessary. It is of interest to note that van fumigation, as well as dealing with verminous conditions, is a useful method of controlling "wood worm" infestation.

During the past year the furniture and effects of 191 families were disinfested by hydrogen cyanide gas. A further 270 Council houses were treated for the presence of timber beetles, cockroaches, ants, bugs, fleas or other insects. In addition 171 private houses were also treated for insect infestations.

### Disinfection and Disinfestation of Articles

The steam disinfector at the Department's Depot at Bloxwich was in operation intermittently throughout the year for the treatment of bedding, clothing and other articles which had either been exposed to infection or had been in contact with vermin.

### Rodent Control

Again it has been possible to give only one treatment of the sewers during the year, for the destruction of rats. The work was carried out during the Spring, using poisoned baits. It is unfortunate that pressure of work prevents a twice yearly treatment of the sewers since there is little doubt that many surface infestations originate from drain and sewer infestations.

During the year 338 complaints of rat infestation, and 221 complaints of mice infestation were received. Many of these complaints were investigated by the public health inspectors, and in addition 2,486 visits were made by the department's rodent operatives.

### Income

Most of the work of disinfestation and rodent control is carried out free of charge, particularly in respect of domestic premises, but the following costs have been recovered:—

General Disinfestation Work	...	...	£78
Rodent Control Work	...	...	£215

This gives a total of £293 compared with £347 recovered during 1959.



## **PART 8—GENERAL**

### **Factories, Shops and Offices**

There are 844 factories on the departmental register compared with 842 last year.

Plans of new factories, and extensions to existing factories are examined by the department, and any needed amendments are negotiated with the firms concerned before the plans are approved.

Visits made by inspectors of the department under the provisions of the Factories Act are set out in Tables 9 and 10, on pages 84 and 85.

A number of visits have been made to shops and offices in the course of other duties, but it is anticipated that this work will be stepped up next year when it is hoped that a new Act will give greatly improved powers to local authorities, particularly in respect of office accommodation.

### **Fertilisers and Feeding Stuffs**

Seven informal samples of fertilisers were taken during the year and submitted to the Agricultural Analyst. One sample of liquid manure concentrate was unsatisfactory but a further sample taken in the prescribed manner was found to be satisfactory.

### **Supply of Dustbins**

The scheme for the supply of dustbins on payment of an annual hire charge continues to work reasonably well, but the department has again been involved in a considerable amount of work. Because of the work involved in inspection, administration and the keeping of records, the Health Committee asked the Public Works Committee to review the scheme but the latter Committee were unable to make any change in the scheme.

In the course of the year 272 bins were supplied under the Council's scheme and 15 by owners or occupiers. Many other individual householders bought bins privately and independently of any action by the department.

### **Rag Flock and Other Filling Materials Act, 1951**

There are no premises in Walsall where rag flock is made or stored but there are three factories in which rag flock is used. Nine samples of rag flock were taken during the year and all complied with the prescribed standards.

### **Pet Animals Act 1951**

During the year 8 applications were received for licences to operate a business of selling animals as pets. Each application was investigated by an inspector of the department and conditions were found to be satisfactory in all cases.

## **Hairdressers and Barbers Shops**

By virtue of Section 81 of the Walsall Corporation Act 1954, all hairdressers and barbers are required to be registered with the Council. 13 new registrations were made during the year and the total number of registrations is now 112.

## **Public Swimming Baths**

The old Tower Street swimming baths in the centre of the town have been demolished, and the new baths erected on the site are practically completed. It is anticipated that they will be in use for the Summer of 1961.

The Bloxwich public baths have been used during the period of reconstruction and have remained open all the year round. The water has been sampled at intervals of every two weeks, and has shown good bacteriological results.

The water is chlorinated and filtered through pressure filters, with the addition of Alumina and Sodium Bicarbonate to assist the clarification and purification of the water.

Reedswood open air swimming pool is supplied with water from a spring and is open only for the Summer months. The water is filtered and chlorinated whilst the pool is in use and satisfactory bacteriological results are obtained. There are also two pools for children in the Arboretum. The water in the pools is changed regularly and chlorinated. Particulars of samples taken are set out in Table 8, on page 83.

Less samples of swimming bath water have been taken during 1960 than during 1959, the total number of samples examined being 38. This is due to the closure of the Tower Street Baths during the period of reconstruction and the number of samples examined will rise again when the baths are brought back into use. None of the samples taken was unsatisfactory, although one sample was of suspicious quality. Two samples of water from the Arboretum Children's Lido Pools were unsatisfactory, this being due to a temporary breakdown in the chlorination plant.

TABLE 8

## RESULTS OF BATH WATER SAMPLES, 1960

Source of Samples	Classification by Coliform Count				Chemical Analysis	Totals
	0 Highly Satisfactory	1 to 3 Satisfactory	4 to 10 Suspicious	Over 10 Unsatisfactory		
1st Class Swimming Bath*      ...      ...	24	—	1	—	—	25
Open Air Bath      ...      ...	5	—	—	—	—	5
Children's Lido Pools      ...      ...	5	1	—	2	—	8
	34	1	1	2	—	38

\* Bloxwich Swimming Bath only. Tower Street Baths demolished and being rebuilt.



TABLE 9

# FACTORIES ACTS, 1937 TO 1959

Prescribed particulars on the administration of the Factories Act, 1937.

1.—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	24	8	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	820	102	13	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises) ... ..	2	—	—	—
	846	110	13	—

Particulars (1)	Found (2)	Remedied (3)	Referred		Number of cases in which prosecutions were instituted (6)
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ... ..	6	4	—	6	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ... ..	—	—	—	—	—
(b) Unsuitable or defective					
(c) Not separate for sexes ... ..	7	6	—	7	—
Other offences against the Act (not including offences relating to Outwork) ... ..	—	—	—	—	—
TOTAL ... ..	13	10	—	13	—

## OUTWORKERS

In accordance with Section 110 of the Act, reports were received that 12 persons were employed as outworkers; one of these was engaged in making wearing apparel. It was not necessary to take any action in connection with these outworkers. Notifications regarding two outworkers residing outside the Walsall area were sent to the Authorities concerned.

## PART 9—LEGAL PROCEEDINGS

During 1960 legal proceedings were taken in respect of contraventions of the Public Health Act, 1936, the Food and Drugs Act 1955 and the Walsall Corporation Act, 1939.

The prosecutions under the Public Health Act, 1936 were in respect of contraventions of Section 154, relating to the giving or selling, to persons under the age of 14 years, of any article by persons engaged in collecting rags, old clothes or similar articles. The prosecutions were taken in consequence of reports by officers of the Borough Police Force.

The proceedings relating to the unauthorised parking of caravans, taken under Section 106 of the Walsall Corporation Act, 1939, illustrate the difficulties in dealing with this type of offence by legal proceedings. Although successful prosecutions were instituted in 12 cases, in 27 other cases the warrants issued to bring the alleged offenders to court could not be served since they had decamped at the last moment, after involving the Council in all the preliminary legal steps leading to the issue of a warrant. In other cases these legal preliminaries were begun but abandoned when it was learnt that the itinerant caravan dwellers concerned had left the district.

The prosecution under the Food and Drugs Act and Food Hygiene Regulations was instituted against a local shopkeeper for having in his possession certain foodstuffs intended for, but unfit for, human consumption; and for failing to keep the premises clean. The magistrates took a serious view of the offences and substantial fines were imposed.

Details of the various prosecutions are tabulated below:—

Date of Proceedings	Act under which proceedings were taken	Result of Action
21st March 1960	Public Health Act, 1936, Section 154	10s. fine imposed.
29th August 1960	Public Health Act, 1936, Section 154	£4 fine imposed.
5th August 1960	Food and Drugs Act, 1955, Sections 6 and 8, and Regulation 8 of the Food Hygiene Regulations, 1955	£60 fine and Advocate's fee of £7 7s. 0d.



11th January 1960	Walsall Corporation Act, 1939, Section 106	4 cases—£3 fine in each case.
30th March 1960	Walsall Corporation Act, 1939, Section 106	3 cases—£5 fine. 1 case—£3 fine.
13th June 1960	Walsall Corporation Act, 1939, Section 106	1 case—£1 fine and 14 days to move.
10th August 1960	Walsall Corporation Act, 1939, Section 106	2 cases—£2 fines.
2nd November 1960	Walsall Corporation Act, 1939, Section 106	1 case—£2 fine.

# REPORT

## OF THE

# PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year ended 31st December, 1960

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

Once again it is my pleasure to present the Annual Report on the School Health Service, this time for the year 1960. Medical staff came up to establishment in April with the appointment of Dr. M. C. Grant to fill the vacancy caused by the departure of Dr. J. R. White. Dr. Grant is a woman and her addition to the staff accentuates further the preponderance of females in the preventive medicine services in Walsall. She is the possessor of the D.P.H. As you know, it gives me pleasure to see on my staff doctors with the appropriate specialist qualification. Perhaps the forthcoming salary award to Public Health doctors will encourage more young male doctors to make the necessary effort to acquire the Diploma, though the persistent refusal to remunerate Medical Officers of Health and Principal School Medical Officers primarily as doctors will continue to reduce any substantial move in that direction.

Once the Cinderella of the medical world, Preventive Medicine, of which, of course, the School Health Service is an important part, is being looked upon with considerably more favour both by our political rulers and by my colleagues in other branches of the Profession. We welcome the increasing interest in the preventive aspect by the College of General Practitioners and in this context I would comment favourably on a most useful Weekend Conference, sponsored by the Society of Medical Officers of Health and the College of General Practitioners, at Birmingham University last summer. Some general practitioners, as distinct from the College, show a tendency to go to extremes in this new-found enthusiasm, and suggest with the utmost candour for example that general practitioners should take over the periodic medical examinations of school children and that school clinics should be disbanded. Such suggestions are analogous to psychiatrists

or dermatologists being put to other tasks in the medical field because the general practitioner is interested in mental illness or diseases of the skin. Partnership and co-operation we welcome but not takeover bids.

However, as I stated in my Report for 1958 and as a leading article in a recent issue of the British Medical Journal has reiterated, there is no room for complacency in any organisation which wishes to progress, or, indeed, survive. You will recall that also in my 1958 Report I drew attention to the views of the Chief Medical Officer of the Ministry of Education on the Periodic Medical Examination of school children, when he put forward the desirability of experiment in modifying the nature and improving the value of this examination. In the Autumn of this year I decided to initiate a Pilot Scheme in which the second periodic medical examination would be replaced by Selective Medical Examination. Beechdale Estate seemed to be the most suitable part of the town for the experiment, in that it is fairly isolated from other areas and has two modern schools and a modern clinic. With the consent of the Director of Education and the co-operation of the headteachers concerned, the following scheme is in operation. Parents are sent a detailed questionnaire which is presented in such a way that the answers can be given simply in a "yes," "no," or "don't know" manner. The school doctor discusses with the head teacher concerned observations by the teaching staff on physical and psychological aspects of the individual children and in addition has the records of the medical examination at school entry for perusal. On the basis of these three sources of information, plus the views of the school nurse for the area, the doctor makes the decision whether or not a child requires medical examination. The advantages of the selective scheme are that children who are most in need of it have an unhurried examination in which a closer analysis of the factors involved can be made and that such an examination is considerably more rewarding and stimulating to the doctor than the routine school medical inspection. On the outcome of the Pilot Scheme a decision will be made whether or not to extend the idea to other parts of the town.

The year 1960 has brought into full action the Mental Health Act of 1959. This new legislation has affected the School Health Service in several ways. The term "ineducable" has been discontinued as a description of a child with a marked degree of mental retardation, and has been replaced by "unsuitable for education." Another change has been the humanising of the notification to parents that their child is to be examined because of poor educational progress. Strangely enough, last summer I was about to modify the cold legalistic form of notification independently of advice from the Ministry of Education, but when I learned of the proposals from that source, I decided to wait and adopt the country-wide scheme in the autumn. The Act has been regarded as an opportunity to revise form 2 H.P. (medical and psychological report on an alleged educationally subnormal child) and



form 3 H.P. (head teacher's report on the child) with the aim of making them more valuable and comprehensive. This aim has been especially successful with regard to the latter document, and, properly completed, it provides a most useful source of information for the examining doctor. Finally, I would mention the abolition of Statutory Supervision for the proportion of mentally retarded children who were recommended as requiring it after leaving school. Needless to say, even under the new legislation, such children are not left to their own devices, but the surveillance and guidance provided are of an informal nature. Indeed, informality and a shift from hospital to community care are the keynotes of the Act. How long it will take for the public at large to accept mental illness, in its broadest sense, as being just another illness, or whether it will prove wise in the long run to go too far along that road of thought, I should not like to predict at this point in the evolution of our society's attitude to the problem.

The diphtheria immunisation programme which I like to see tackled in the first term of the school year has been held up by a shortage of vaccine brought about by exceptional demand for protection against diphtheria in parts of the country where there have been outbreaks of the disease. In the expectation of supplies becoming available in the fairly near future, it is my hope that all the children, whose parents have consented to primary courses of immunisation or booster doses, will have been protected before the Easter Vacation 1961. The occurrence of these diphtheria outbreaks is testimony to the contention of doctors in preventive medicine and in other branches of the profession that the maintenance of a high rate of immunisation is our main weapon in holding back the re-establishment of diphtheria as a menace to the population of this country. Unfortunately, by reducing its incidence to negligible proportions, we robbed it of its capacity to compel respect and vigilance on the part of many parents. It is to be hoped that these early signs or recrudescence will be heeded and that our efforts in the way of health education, with special reference to immunisation programmes, will meet with greater co-operation in the future.

My report last year described the setting up of the audiometric survey scheme in the Service. It will be remembered that special mention was made of deafness being one of the physical causes of educational retardation. The same applies to defective vision, and while vision testing has been for long a feature of our work, it was my feeling that we were not screening school children for visual defects early enough in their school life. Mainly on the grounds of obtaining satisfactory co-operation from the child the first eye test has been, until recently, on the occasion of the second school medical examination at the age of 8-9 years. However, by the use of animal cards and the expenditure of considerable patience on the part of the school nurses, a very useful estimate of the visual acuity of the infant school entrant can be obtained, and such a test at this age is now a permanent feature of the medical scrutiny provided.

Pediculosis Capitis, more succinctly described as "nits," is a problem with which Health Departments have been faced for many a year. It is not that the infestation is a serious public health problem, but it is unpleasant and aesthetically undesirable and, in the minority of hard core chronically infested families it is a further barrier between them and other families in the community. A complication of a severe nit infestation of the scalp hair is impetigo which can be severe and productive of lowered general health. Standard treatment has been the use of an oily liquid for the uncomplicated case, and the same liquid combined with gentian violet paint for the complicated case; unfortunately this paint stains the skin a vivid purple colour. In an effort to get at the hard core families where FAMILY treatment is essential an elegant and pleasant to use anti-louse shampoo was introduced during the year. It is too early as yet for a reliable estimate to be made of the efficacy of this move, but initial impressions of the field workers have been favourable and it will be interesting to review the statistical evidence at the end of 1961. Gentian violet for the treatment of concomitant impetigo has been replaced by an antibiotic ointment which does the job more quickly without the unsightliness of a purple scalp.

As a finale to my review of the year I should like to comment on co-ordination and co-operation in the medical services for the school child. A general practitioner writing on another aspect of preventive activity comments \*"it is perhaps an overstatement to say that until we of the team are almost on christian name terms with each other, we won't be a team at all. . . ." Undoubtedly, progress has been made in bringing about greater unity among the hospital, school health service and general practitioner contributions to the health of the school child. Generally speaking, however, formality is much to the fore, and where this is the case misunderstandings occur fairly readily. With a free exchange of information and views, on an informal basis where possible, all would work more quickly and more efficiently, a unified approach to the many problems before us would become a practical reality, and those whom it is the aim of us all to help would benefit still more than at present from our ministrations..

\* WATTS, C. A. H. (1960) Public Health, Vol. LXXV 38-43.



## 1.—SCHOOL HEALTH WORK

**Periodic Medical Examinations.**—6,855 children were examined during the year, of whom 6,819 were classified as being satisfactory from the point of view of a general assessment, this being equivalent to 99.47%. If this were a completely valid result we would have cause for great satisfaction with the health of the school children of the town. However, under present-day national arrangements, the only alternative to a classification of satisfactory is unsatisfactory, which is rather an extreme description of a child, and one which the average doctor will use only very sparingly. There does seem to be a case for the re-introduction of an intermediate grade of physical fitness. This would result in a more realistic picture of the standard of physique and general medical fitness of the child population.

Of the 6,855 children examined, 726 were found to be in need of treatment. This is arranged either at school clinic or with the co-operation of the general practitioners concerned.

**School Clinics.**—In 1958, 2,307 children attended these clinics, in 1959, 1,903, and in 1960, 1,648. One cannot avoid regarding such a decline with some apprehension. Of course, many children who in former days would have attended school clinics now go to their general practitioners, but the National Health Service has been in existence for 12½ years, and decline in attendance at school clinics should have levelled off long ago, were that the only factor involved. I feel that, despite my remarks of the previous two years, too many people still regard the school clinic as solely for the treatment of “minor ailments”; of course, it bore that unfortunate name for a considerable period, but it has much wider horizons, and I should welcome especially an increasing recourse to the skilled advice available in the full assessment and amelioration of behaviour problems and other psychological disturbances in children, as observed by teachers and parents in their early and more easily remedied stage.

There are four school clinics in the town, Bradford Street, Field Road, Littleton Street and Beechdale. Bradford Street is a considerably more attractive establishment since its redecoration in modern colour schemes; unfortunately, little can be done about its lay-out which is functionally unsatisfactory and aesthetically anachronistic. Below is set out the sessional complement of the clinics.

### BRADFORD STREET CLINIC, WALSALL.

Medical	...	...	...	3 sessions weekly
Dressings	...	...	...	6 sessions weekly
Ophthalmic	...	...	...	2 sessions weekly
Dental	...	...	...	10 sessions weekly

### LITTLETON STREET CLINIC, WALSALL.

Dental	...	...	...	9 sessions weekly
Speech Therapy	...	...	...	3 sessions weekly



## FIELD ROAD CLINIC, BLOXWICH.

Medical	...	...	...	2 sessions weekly
Dressings	...	...	...	3 sessions weekly
Dental	...	...	...	2 sessions weekly
Speech Therapy	...	...	...	2 sessions weekly

## BEECHDALE CLINIC, WALSALL.

Medical	...	...	...	1 session weekly
Dressings	...	...	...	1½ sessions weekly
Speech Therapy	...	...	...	2 sessions weekly
Child Guidance	...	...	...	1-2 sessions weekly

In the Audiometric Survey, 1,640 children were examined with the sweep test for deafness. Of these 76 were referred to the school doctors for a further investigation at a clinic, where a residual 20 were found to have such a degree of deafness as to merit their being sent to an Ear, Nose and Throat surgeon for specialist opinion.

The school nurses hold their own sessions at the clinics for the dressing of minor injuries and the application of treatment prescribed by the medical staff. 1,272 children attended for these purposes and a total of 5,150 attendances was made.

**Handicapped Children.**—The services for handicapped children were dealt a severe blow in 1960 by the death of Mr. W. G. Weedon, Headmaster of the Beacon Residential E.S.N. School in the last month of the year. He was only a young man and was enthusiastic about the work in which he was engaged. Yet his enthusiasm had a good admixture in his sense of humour, a quality very necessary in one who has devoted himself to the education of backward children. I would extend to Mrs. Weedon in her bereavement the sympathy of all members of the staff of the School Health Service.

A very useful relationship has developed between the School Health Service and the Remedial Teaching Service, and the Deputy Principal School Medical Officer and the Head of the Remedial Teaching Service have frequent exchanges of views and tackle problems jointly in quite a number of instances. Of course, the Remedial Teaching Service aims primarily to rehabilitate educationally children in the upper reaches of mental retardation, but it performs other functions both diagnostic and therapeutic in nature. Both services have come to regret the passing of the Special Classes in ordinary schools. They fill the gap between the facilities provided by the Remedial Teaching Service and those of the day or residential E.S.N. Schools. There appears to be a case for their restoration.

During 1960 recommendations of the medical staff resulted in 10 children receiving education in their own homes, 3 being admitted to Residential Schools for Delicate or Physically Handicapped children, 10 to Residential Schools for E.S.N. children and 1 to a Residential School for the Maladjusted.

At the end of the year, 6 children were awaiting places in residential and 45 in day special schools for E.S.N. children, compared with a total of 38 at the end of the previous year. The Castle Day Special School is now filled to capacity and waiting time for the admission of newly ascertained cases is likely to be at least one year. Of the 51 children at present waiting, places have been offered in 12 cases but acceptance has been refused by the parents.

## 2.—PUPILS EXAMINED

### Heights and Weights

The following table shows the average heights and weights of all pupils medically examined during 1960:—

	Number		Height, ins.		Weight, lbs.	
	Boys	Girls	Boys	Girls	Boys	Girls
New Entrants (5+)	559	517	43.4"	43.1"	42.8	42.2
Children born in 1951	560	549	51.4"	52.1"	62.9	62.8
Children born in 1950	270	276	51.9"	51.9"	63.9	65.1
Children born in 1949	627	572	54.5"	55.3"	74.8	77.3
Children born in 1946	584	554	62.9"	61.8"	111.5	111.4
Children born in 1945	755	689	63.1"	61.7"	115.1	113.7

The average heights and weights are given in a slightly different form this year. This is due to the fact that medical examinations in schools are now covering children whose dates of birth fall within a "school year" instead of the calendar year. The change has been made at the request of headteachers, the advantage being that fewer classes are disturbed for the purpose of medical examination.

In comparison with 1959, the average weight of school entrants is slightly less and of school leavers slightly higher, whilst average heights in both groups remain almost identical.

## 3.—REFERRALS FOR SPECIALIST OPINION AND THE WORK OF THE SCHOOL NURSES

898 children were referred for ophthalmic opinion on account of errors of refraction and squint, and spectacles were prescribed in 732 cases. 299 children received operative treatment for diseased tonsils and adenoids, 2 for ear conditions, 1 for other nose and throat conditions and 11 referrals received treatment for a miscellaneous group of conditions.

In connection with the B.C.G. scheme, the two nurses trained in the performance of the Heaf Test have continued to carry out this work, thus saving much valuable medical time. A second nurse has been trained in audiometry techniques since it was found impossible for a single nurse to conduct sweep tests in every Junior School in the time available. In September of this year, vision testing in infant schools was commenced as a result of which some 48 six year old children were referred to the Eye Specialist. During the year the nurses made 1,424 domiciliary visits.



#### 4.—UNCLEANLINESS

The assistant nurses have devoted most of their time to the work of cleanliness inspections in schools and a total number of 62,226 inspections was carried out. It is very disappointing to report that in spite of this unceasing vigilance the general standard of cleanliness shows a slight deterioration. 2,004 children were found to be unclean during the year, an increase of 202 compared with the previous year. Of this number, 717 were found to have nits on one occasion only, 1,171 were found to have nits on repeated occasions and 116 were found to be infested with lice.

It is hoped that the provision of a new D.D.T. shampoo which is now being supplied for the use of selected families will effect an improvement. A D.D.T. head lotion also continues to be widely distributed without charge. The assistant nurses followed up their work in schools with 1,033 domiciliary visits, giving advice to parents and, in a number of cases, assisting with cleansing.

Head teachers are very much aware of the problem and fully co-operate with the nurses, an increasing number of schools requesting more regular visitation.

There is again a substantial increase in the incidence of scabies, to some extent accounted for by recurrent trouble in one or two families. A total number of 59 children was treated during the year, compared with 32 in 1959 and 18 in 1958.

#### 5.—INFECTIOUS DISEASES

**Diphtheria.**—No case of diphtheria occurred in Walsall during the year.

1,581 children under the age of 5 years and 1,609 between the ages of 5 and 15 years, a total of 3,190, were immunised against the disease. 2,689 children received a reinforcing or "booster" injection. The good response to immunisation in schools has been maintained.

**Scarlet Fever.**—There were 121 cases of scarlet fever amongst school children, as compared with 82 in 1959. No deaths were recorded.

**Measles.**—32 school children were notified as suffering from measles, as compared with 619 in 1959, but there were no deaths.

**Other Diseases.**—No cases of poliomyelitis occurred among school children during 1960. There were 69 cases of whooping cough, 5 of primary pneumonia, 2 of influenzal pneumonia, 1 of meningococcal infection, 9 of dysentery and 2 of food poisoning.



## 6.—SCHOOL ACCOMMODATION

(a)	No of Secondary Schools	...	...	...	...	16
	County Schools	...	...	12	...	
	Voluntary Schools	...	...	4	...	
(b)	No. of Primary Schools	...	...	...	...	49
	County Schools	...	...	36	...	
	Voluntary Schools	...	...	13	...	
(c)	Nursery Schools	...	...	...	...	3
(d)	Reedswood Park Day Special School for 60 pupils.					
(e)	Beacon Residential School for 80 Educationally Subnormal Boys					
(f)	Castle Day Special School for 160 Educationally Subnormal Pupils.					

The number of pupils on the register in January, 1961, was 20,616, as follows: Primary and Secondary Schools, 16,762; Queen Mary's Schools, 966; T. P. Riley School, 906; Edward Shelley High School, 534; Joseph Leckie School, 1,024; Nursery Schools, 99 full-time and 33 part-time; Reedswood Park Day Special School, 55; Castle Day Special School, 159; Beacon Residential School, 78.

## 7.—PHYSICAL EDUCATION

My thanks are due to Mr. A. J. Spears, Physical Education Organiser, for the following report on Physical Education in Schools:—

“1960 has been without doubt the wettest year in living memory and the effect on outdoor Physical Education activities has been disastrous. Schools without indoor gymnasias or halls have suffered severely while all departments have had to cancel many of their organised games lessons for weeks on end. Fields have been waterlogged so that even in fine spells games have been impossible. The lack of water in another form namely in the swimming bath at Walsall has further curtailed the physical education programme in more than half our schools, so that the overall picture for the year would appear to be rather discouraging.

Fortunately, there are many varied activities which can be maintained so that it is not entirely a question of standing still. The Infants' departments, most of them well equipped with agility apparatus have been able to concentrate their activities in their halls or activity rooms. The more active age groups in the primary and secondary departments have been much more affected by the restriction on free movement, but this has been offset to some extent by increasing the exercises for strength and stamina.

The major part of the Athletics training programme and the Schools Annual Sports Meetings luckily took place before the bad weather set in. It is pleasing to report, therefore, that so far as standards of attainment are concerned in County and National competitions, this has been our best year on record. Much of the success can be attributed to the good foundation work carried out in the gymnasium and the general fitness of the pupils is most marked. Weight training has played no little part in this.

The schools equipped with Trampolines have made very good progress with the exercises, which have a strong appeal.

Cross country running which is unaffected by waterlogged playing pitches is being included in the programme of an increasing number of boys' departments. A remarkably high standard of fitness and running technique was seen at the Walsall inter-schools' annual championship on the 26th March, and some idea of the standard can be judged from the fact that the winner ultimately won the National event.

With only the Bloxwich Bath at our disposal it will be appreciated that swimming instruction has been limited to a very small number of schools. Furthermore we have not had the "reserved use" of the bath, so that teachers in charge have had the additional problem of teaching with the public using the bath at the same time.

The progress with the teaching bath at Bloxwich has been extremely slow and it will probably not be ready for use till the summer term of 1961, following a short course of lecture-demonstrations.

As expected the swimming awards reflect the standstill in instruction, and it is not appropriate to record the usual summary."

## **8.—PROVISION OF MEALS AND MILK FOR SCHOOL CHILDREN**

Mrs. D. M. Curtis, Schools Meals Organiser, has been good enough to supply a report on this subject.

"The total number of school meals provided during the past year was 1,243,693 of which 1,030,901 were paid and 212,792 free. This is an increase of 123,921 over the figures for 1959, and shows a satisfactory trend towards ensuring that a larger proportion of the school population do receive a balanced meal in the middle of the day.

During the year one new kitchen, namely Hatherton Lane, has been opened and is now working well, supplying meals to both junior and infant departments. It was hoped that the new kitchen and dining room for Queen Mary's Grammar School would be ready by last September, but building delays have prevented this.

The "Milk-in-Schools" Scheme continues to operate satisfactorily and the latest figures as returned to the Ministry of Education relating to a chosen day in October are:—

Maintained Schools	...	16,137	one-third pints = 84%
Independent Schools	...	499	one-third pints = 88%

of the children in school on that day.

## 9—HANDICAPPED CHILDREN

### (a) School Placement

The following table shows the number of handicapped children who were in attendance at special schools (day and residential) in January, 1960:—

	Boys	Girls	Total
DEAF AND PARTIALLY DEAF.			
Royal School for the Deaf, Birmingham	4	1	5
Royal West of England School for the Deaf, Exeter	—	1	1
Rangemore Hall, Needwood (Partially Deaf)	1	2	3
Moseley Road Day School for the Deaf, Birmingham	1	—	1
The Mount Deaf School, Stoke-on-Trent	1	1	2
BLIND AND PARTIALLY SIGHTED.			
Royal Institute for the Blind, Birmingham	—	1	1
Exhall Grange, Warwickshire (Partially sighted)	1	—	1
Priestley Smith Day Special School, Birmingham	1	—	1
Royal Normal College for the Blind, Shrewsbury	1	—	1
MALADJUSTED.			
Shenstone Lodge (under West Bromwich L.E.A.)	1	1	2
Shotton Hall, Shrewsbury	2	—	2
St. Hilliards, Mickleton Manor	3	—	3
EDUCATIONALLY SUBNORMAL.			
Beacon School, Lichfield	44	—	44
St. Francis School, Monyhull	—	6	6
Townhill Park, Southampton	—	3	3
Allerton Priory, Liverpool	—	1	1
Town Thorns, Near Rugby	—	5	5
Wavendon House, Near Bletchley	—	3	3
The Sheiling, Ringwood	—	1	1
Castle Day Special School	...	...	159
Loxley Hall, Stafford	1	—	1



	Boys	Girls	Total
PHYSICALLY HANDICAPPED AND DELICATE.			
Reedswood Park Day School ... ..	33	22	55
Carlson House Day School for Spastics, Birmingham ... ..	2	—	2
St. Catherine's Home, Ventnor ... ..	1	—	1
Fairfield House, Broadstairs ... ..	—	2	2
Burton Hill House, Malmesbury ... ..	—	1	1
Penhurst, Chipping Norton ... ..	1	—	1
Hinwick Hall, Wellingborough ... ..	1	—	1
EPILEPTIC.			
Maghull Homes for Epileptics, Liverpool	1	—	1

During the year a further 36 children were ascertained to be educationally subnormal and recommended for admission to special schools, in addition to which 2 children, already ascertained, moved into the area of this Authority.

### (b) Speech Therapy

In January 1960, 75 children were receiving treatment at Littleton Street., Field Road and Beechdale Speech Therapy Clinics, and a further 66 children commenced treatment during the year. The total number of children treated during the year was 141 and these children made 1,703 attendances. 85 children were discharged during the year and 56 remained under treatment at the end of the year.

Of the children treated during 1960, 34 had a stammer, 96 had dyslalia, 6 had cleft palate and 5 had miscellaneous defects.

The number of children treated is rather less than during the previous year due to the fact that the Speech Therapist, Mrs. A. Cooper, relinquished full-time service last August but continues to attend three days weekly. The position, fortunately, has since been restored by the return of our former Speech Therapist, Mrs. B. Cooper, on a part-time basis.

151 parents were interviewed at the Speech Therapy Clinics during the year and advised as to how they could help the children to derive maximum benefit from the treatment. The majority of parents continue to give full co-operation but there are, inevitably, a few who fail to do so. In such cases, the homes have been visited and every effort made to obtain parental co-operation. Success, however, is sometimes only of a temporary nature, the children again failing to attend after a short period.

Liaison with the school doctors and teachers is very good and schools are visited as often as is practicable. The Speech Therapists continue to attend the Castle Day Special School and treatment is now also being given in three Infant Schools from which parents were

experiencing difficulty in bringing children to the Clinics. In each of these schools the enthusiastic co-operation of the Staff is of the greatest value and excellent results are produced.

### (c) Child Guidance

Our arrangement with West Bromwich Local Education Authority has continued and their Educational Psychologist and Psychiatric Social Worker conduct a clinic in Walsall once weekly. It is hoped, however, that they will shortly be able to resume attendance twice weekly. The Clinic in Walsall has been transferred from the old Littleton Street Clinic to the modern Beechdale Clinic where the premises are much more suitable. In some cases it is necessary for children to see a Psychiatrist or to attend for regular play therapy and such children attend the West Bromwich Child Guidance Clinic. A total number of 33 children received treatment during the year.

## 10.—BEACON RESIDENTIAL SCHOOL

I thank Mr. S. E. Everett, Acting Headmaster of the Beacon Residential School for Educationally Subnormal Children for the report on the work of the School in 1960:—

“During the year 17 boys were admitted, 5 of whom were from Walsall. Of the 18 leavers, 15 left on attaining the age limit, 1 was transferred to a School under his own Authority, 1 was released at 15 years and 1 from an outside Authority was excluded. Our present range of age and I.Q. is:—

### AGE DISTRIBUTION.

		Years.								
		7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16
Walsall	...	—	2	1	5	6	9	11	5	5
Others	...	1	—	5	6	3	6	2	8	3
		—	—	—	—	—	—	—	—	—
Total		1	2	6	11	9	15	13	13	8
		—	—	—	—	—	—	—	—	—

### I.Q. DISTRIBUTION.

		50-60	61-70	71-80	81-84
Walsall	...	5	15	21	3
Others	...	3	16	15	—
		—	—	—	—
Total		8	31	36	3
		—	—	—	—

All sections of the staff have aimed at maintaining a good standard of health in the boys. Good food and clothing, plenty of fresh air, exercise and rest and persistent insistence on sensible health rules, have contributed to the particularly good general health record of the boys.

We have had no epidemic of any description, nor have we had any serious illness among the boys. The following list gives details of boys receiving medical attention of one sort or another:—

	No. of visit
Treatment at Dental Clinic ... ..	11
Treatment at Eye Clinic ... ..	17
Treatment in hospital for eyes ... ..	2
Treatment in hospital for accidents ... ..	1
Other hospital visits ... ..	11
Cases treated by local doctor ... ..	63

Our out-of-school clubs and activities have continued throughout the year and have proved invaluable in our endeavour to give security and stability to the boys. Both teaching and ancillary staffs have put in a great deal of effort to make a success of these therapeutic activities. Two greatly enjoyed events of the summer term were a picnic outing to Chasewater and a day's outing for the entire school to Rhyl. This latter event was the first time such an outing had taken place and was so successful we hope to be able to make it an annual event.

Classroom work maintained its very satisfactory level. Our Open Day was a very happy occasion and included displays of Country Dancing, P.E. and a performance by the School Choir.

Staff absences dominated the Christmas Term and the closing of the year was overshadowed by the untimely death of the Headmaster. In spite of these serious setbacks the remaining staff put such effort into the work of the school that the effect of our staff shortage was reduced to an absolute minimum. Indeed, we were able to hold our Carol Service and Christmas Party as usual. It is during such difficult periods that the beneficial effects of the earlier work of giving the boys stability and a sense of responsibility, are most noticeable.

Almost every week-end, old boys revisit the School and it is most gratifying to hear of the number who are doing well in steady employment."



## 11.—DENTAL TREATMENT

The Principal School Dental Officer, Mr. R. E. Morgan, L.D.S., has supplied this interesting description of the work of the School Dental Service:—

“The school dental service continued to be handicapped by staff shortage, two whole-time officers being responsible for the dental care of some 21,000 children. Consequently, a policy of restriction and limitation of treatment was again necessary. The work accomplished during the year was satisfactory in view of the available resources; but far from adequate for the increasing needs of the school population. The recognised establishment of 5 to 6 dental officers appears to be a remote possibility against the present attractions offered by private practice. Frequent advertising and the use of modern equipment in the clinics have failed to evoke any response.

During the year, the number of children inspected increased to 7,159, of whom 1,099 were emergency cases. The incidence of dental defects remained high, 74 per cent. of those seen requiring attention, compared with a national average of 65 per cent. However, the prevalence of dental caries was a little lower than the previous year, due to the policy of providing annual inspection, with any necessary treatment, to a limited number of schools. Under this scheme, it is now possible to widen the area of pupils receiving systematic attention, as less time is needed for the requirements of those where regular routine treatment is available. An encouraging feature is that the type of work necessary shows a greater balance in conservative work, with less permanent teeth requiring extraction. Response to treatment was good with evidence that pupils in the older age groups were seeking private attention, chiefly after school hours, due to a reluctance to miss important studies. At Beechdale Clinic, acceptances in the area were above the average, 77 per cent. receiving treatment.

Conservative treatment comprised 3,096 fillings, with 2,116 teeth saved, while extractions numbered 901 permanent and 3,803 temporary teeth. Cases requiring orthodontic treatment, where irregularity necessitated appliances, were referred to the Birmingham Dental Hospital, a specialised service being available in this sphere. These numbered 61, while 9 partial dentures were fitted through the clinics for children having lost front teeth. Apart from the need of these mechanical and remedial measures, the psychological aspect played a great part, there being little doubt that an improved appearance has an important bearing on the child's mental outlook.

I would thank Mrs. Millar and the staff for their efforts and co-operation during the year.”

## 12.—HEALTH EDUCATION

This aspect of our work has continued, but is not expanding in the way I would wish to see. Yet there is much to be done in the field of health education; notably with regard to smoking and the erosion of moral standards.

Most people have only one connecting link in their minds between smoking and disease, namely lung cancer, but chronic bronchitis, other forms of cancer, notably of the stomach, and coronary artery disease also are implicated. Despite these facts, Society, and we are all members of it, does little to combat the high-pressure, mass media advertising to induce the impressionable teenager to take up the tobacco habit. It may be put forward as a means of abolishing solitude, or of promoting camaraderie in boy meets girl situations, or of emphasising the manly qualities of the addict. This last-mentioned inducement is a favourite with the manufacturers of pipe tobacco. Millions of pounds are spent annually in boosting sales, and tobacco tax revenue just about equals the cost of the National Health Service. Our effort actual or potential may seem puny, but a united offensive on the part of doctors and educationists to dissuade the adolescent from starting to smoke would be bound to have some beneficial effect.

Quite a number of factors is involved in the erosion of moral standards and if this were a treatise on the social ills of the mid-twentieth century there would be justification for examining them in detail. I shall content myself by suggesting that the present generation of adults is not exactly a shining example to the young adults of 1966 onwards, and that unless once again a united campaign is mounted, on this occasion including the clergy of all denominations, against gross materialism and the prevalent cynicism concerning the natural dignity of man and woman and the relationship between them the scene 20 years from now is likely to be considerably sorer than it is today.

Health education has grown up considerably since its "roughage in the diet and plenty of exercise" era, though one would not wish to deny the importance of these basic truths. Nevertheless there is much more to it than constant emphasis on them, as I hope I have indicated in my remarks. In conclusion, let me repeat that I should welcome an expansion of our activities in this field.

For their co-operation during 1960 I wish to thank the Education Committee, the Director of Education and his staff and the head teachers of Walsall schools. To the doctors, nurses and administrative staff of the Service my renewed thanks are due for their loyal service during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ROSS,

Principal School Medical Officer.



**MEDICAL INSPECTION AND TREATMENT RETURNS**  
**Year ended 31st December, 1960**

**PART 1**

**Medical Inspection of Pupils Attending Maintained and Assisted  
Primary and Secondary Schools (including Nursery and Special  
Schools)**

**A. PERIODIC MEDICAL INSPECTIONS.**

Age Groups (Year of Birth)	Number of pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	343	343	100.00	—	—
1955 ... ..	1,076	1,071	99.54	5	0.46
1949 ... ..	2,854	2,838	99.44	16	0.56
1946 ... ..	1,138	1,130	99.30	8	0.70
1945 and earlier	1,444	1,437	99.52	7	0.48
Total ...	6,855	6,819	99.47	36	0.53

**B. PUPILS FOUND TO REQUIRE TREATMENT AT  
PERIODIC MEDICAL INSPECTION.**

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (Year of Birth)	For defective vision (exclud- ing squint)	For any other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1956 and later ... ..	2	14	15
1955 ... ..	7	67	72
1949 ... ..	208	182	357
1946 ... ..	70	70	135
1945 and earlier ... ..	78	70	147
Total ...	365	403	726



## C. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	2,260
Number of Re-Inspections	...	...	...	1,046
			Total	...
				<u>3,306</u>

## D. INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	...	62,226
(ii)	Total number of individual pupils found to be infested			2,004
(iii)	Number of individual pupils in respect of whom cleansing notices were issued	...	...	...
(iv)	Number of individual pupils in respect of whom cleansing orders were issued	...	...	...

## PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING  
THE YEAR.

## A. PERIODIC INSPECTIONS.

Defect or Disease	PERIODIC INSPECTIONS				Others		Total	
	Entrants		Leavers					
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin ... ..	12	29	56	64	38	79	106	172
Eyes—								
a. Vision ...	7	20	148	137	209	79	364	236
b. Squint ...	10	22	3	12	9	30	22	64
c. Other ...	—	6	4	1	6	10	10	17
Ears—								
a. Hearing ...	—	6	8	4	12	15	20	25
b. Otitis Media	1	10	6	23	3	28	10	61
c. Other ...	6	1	18	6	8	10	32	17
Nose and Throat ...	23	152	16	50	59	181	98	383
Speech ... ..	8	38	1	5	6	36	15	79
Lymphatic Glands ...	1	44	—	9	3	62	4	115
Heart ... ..	—	20	1	33	4	62	5	115
Lungs ... ..	—	55	2	39	4	87	6	181
Developmental—								
a. Hernia ...	1	6	1	4	1	7	3	17
b. Other ...	1	42	7	28	12	117	20	187
Orthopædic—								
a. Posture ...	—	9	7	44	6	68	13	121
b. Feet ...	2	21	1	26	3	59	6	106
c. Other ...	3	22	4	40	9	73	16	135
Nervous System—								
a. Epilepsy ...	—	1	1	4	—	7	1	12
b. Other ...	1	3	1	5	—	29	2	37
Psychological—								
a. Development	1	38	—	9	2	17	3	64
b. Stability ...	—	58	—	13	6	57	6	128
Abdomen ... ..	—	6	—	4	1	12	1	22
Other ... ..	—	12	12	45	15	80	27	137

TABLE 3.—continued

## B. SPECIAL INSPECTIONS.

Defect or Disease	SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation
Skin ... ..	280	22
Eyes—a. Vision ...	72	40
b. Squint ...	6	9
c. Other ...	47	5
Ears—a. Hearing ...	45	39
b. Otitis Media	26	8
c. Other ...	46	3
Nose and Throat ...	174	55
Speech ... ..	5	29
Lymphatic Glands ...	13	8
Heart ... ..	37	16
Lungs ... ..	83	15
Developmental—		
a. Hernia ...	2	3
b. Other ...	30	26
Orthopædic—		
a. Posture ...	14	30
b. Feet ...	20	13
c. Other ...	70	14
Nervous System—		
a. Epilepsy ...	4	11
b. Other ...	17	3
Psychological—		
a. Development	11	37
b. Stability ...	86	57
Abdomen ... ..	9	3
Other ... ..	529	12



## PART III

## TREATMENT TABLES

## A. EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	No. of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	47
Errors of Refraction (including squint) ...	898
Total ...	<hr/> 945 <hr/>
No. of pupils for whom spectacles were prescribed ... ..	732

## B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	No. of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear ... ..	2
(b) for adenoids and chronic tonsillitis	229
(c) for other nose and throat conditions	1
Received other forms of treatment ...	11
Total ...	<hr/> 243 <hr/>

Total number of pupils in Schools who are known  
to have been provided with hearing aids:—

(a) In 1960 ... ..	7
(b) In previous years ... ..	5

## C. ORTHOPÆDIC AND POSTURAL DEFECTS.

	No. of cases known to have been treated
(a) Pupils treated at Clinics or Out-patient Departments ... ..	550
(b) Pupils treated at school for postural defects ... ..	<hr/> — <hr/>
Total ...	<hr/> 550 <hr/>

## D. DISEASES OF THE SKIN

(excluding Uncleanliness for which see Part I, D).

	No. of cases known to have been treated					
Ringworm—						
(i) Scalp	...	...	...	...	...	—
(ii) Body	...	...	...	...	...	—
Scabies	...	...	...	...	...	59
Impetigo	...	...	...	...	...	167
Other skin diseases	...	...	...	...	...	182
						<hr/>
Total	...					408
						<hr/>

## E. CHILD GUIDANCE TREATMENT.

	No. of cases known to have been treated	
Pupils treated at Child Guidance Clinics	...	33

## F. SPEECH THERAPY.

	No. of cases known to have been treated	
Pupils treated by Speech Therapists	...	141

## G. OTHER TREATMENT GIVEN.

	No. of cases known to have been dealt with	
(a) Pupils with minor ailments	...	860
(b) Pupils who received convalescent treatment under School Health Service arrangements		150
(c) Pupils who received B.C.G. Vaccination	...	1,397
(d) other than (a), (b) and (c)—		
(i) Minor Eye Defects	...	44
(ii) Minor Ear Defects	...	19
(iii) Post-Tonsillectomy Breathing Exercises		191
		<hr/>
Total	...	2,661
		<hr/>

## PART IV

## DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers—						
	(a) At Periodic Inspections	...	...	...	...	6,060	
	(b) As Specials	...	...	...	...	1,099	
	TOTAL	...	...	...	...	—	7,159
(2)	Number found to require treatment	...	...	...	...	5,357	
(3)	Number offered treatment	...	...	...	...	4,172	
(4)	Number actually treated	...	...	...	...	2,555	
(5)	Attendances made by pupils for treatment	...	...	...	...	4,061	
(6)	Half days devoted to:—						
	(a) Periodic (School) Inspection	...	...	...	...	30	
	(b) Treatment	...	...	...	...	763	
	TOTAL	...	...	...	...	—	793
(7)	Fillings:—						
	Permanent Teeth	...	...	...	...	3,080	
	Temporary Teeth	...	...	...	...	16	
	TOTAL	...	...	...	...	—	3,096
(8)	No. of teeth filled:—						
	Permanent Teeth	...	...	...	...	2,153	
	Temporary Teeth	...	...	...	...	13	
	TOTAL	...	...	...	...	—	2,166
(9)	Extractions:—						
	Permanent Teeth	...	...	...	...	901	
	Temporary Teeth	...	...	...	...	3,803	
	TOTAL	...	...	...	...	—	4,704
(10)	Administration of general anæsthetics for extraction						1,962
(11)	Orthodontics:—						
	(a) Cases commenced during the year	...	...	...	...		61
	(b) Cases carried forward from previous year	...	...	...	...		—
	(c) Cases completed during the year	...	...	...	...		—
	(d) Cases discontinued during the year	...	...	...	...		—
	(e) Pupils treated with appliances	...	...	...	...		—
	(f) Removable appliances fitted	...	...	...	...		—
	(g) Fixed appliances fitted	...	...	...	...		—
	(h) Total attendances	...	...	...	...		—
(12)	Number of pupils supplied with artificial teeth	...	...	...	...		9
(13)	Other operations:—						
	Permanent Teeth	...	...	...	...	337	
	Temporary Teeth	...	...	...	...	26	
						—	363